FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S12665 (3)

1. Corporation Name

MANGO EXCESS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1390 MAIN ST SARASOTA FL 34236 US	1390 MAIN ST SARASOTA FL 34236 US

3. Date Incorporated or Qualified: 11/05/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0230668 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business: 21 / Suite, Apt. #, etc.: 22 / City & State: 23 / Zip: 24 / Country: 25
2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAMMEL, EDWARD J. 1390 MAIN ST. SARASOTA FL 34236	81 Name: Daryl Brown 82 Street Address (P.O. Box Number is Not Acceptable): 1819 MAIN STREET 83 SUITE 1100 84 City: Sarasota FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Daryl J. Brown 4/27/95 Daryl J. Brown

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	GRIFFIN, WILLIAM D.	
STREET ADDRESS	1390 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	☐ Change ☐ Addition
NAME	MALONE, JAMES A.	
STREET ADDRESS	1390 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	☐ Change ☐ Addition
NAME	HAMMEL, EDWARD J	
STREET ADDRESS	1390 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	☐ Change ☐ Addition
NAME	SHEEKY, BRIAN T	
STREET ADDRESS	1390 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Hammel 4/28/95 813-957-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone

0341814 CP