FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-195

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

S 5783

APPROVED AND FILED

95 MAY -1 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S30183 (5)

1. Corporation Name

TARPON SPRINGS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
PO BOX 1147 TARPON SPRINGS FL 34689-1147	PO BOX 1147 TARPON SPRINGS FL 34689-1147

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1991

3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 #1-EAST TARPON AVE.,
22 Suite, Apt. #, etc.
23 City & State: TARPON SPRINGS.,FL.34689
24 Zip: 34689
25 Country: PINELLAS

2a. Mailing Address
26 PO BOX 1147
27 Suite, Apt. #, etc.
28 City & State: TARPON SPRINGS.,FL.
29 Zip: 34688
30 Country: PINELLAS

4. FEI Number: 59-3047680 ☐ 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

8. This corporation has liability or intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VAN LENGEN, VIVIANE C.
1 E TARPON AVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 VIVIANE VAN LENGEN, PRES. 4/28/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN LENGEN, VIVIANE C	1.2 NAME	
STREET ADDRESS	313 PARKSIDE LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 this 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: Viviane Van Lengen, Pres 4/28/95 813-937-8862
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR RECEIVER — Date — Daytime Phone #
VIVIANE VAN LENGEN, PRES.

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