FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S30269 (2)

1. Corporate Name

INSURED ABSTRACTS OF CENTRAL FLORIDA, INC.

Principal Place of Business

301 3RD STREET N.W.
SUITE 205
WINTER HAVEN FL 33881

Mailing Address

301 3RD STREET N.W.
SUITE 205
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1991

3a. Date of Last Report: 06/09/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-3049158

Applied For ☐
Not Applicable ☐

Suite, Apt. # or
22

Suite, Apt. # or
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

FL
24

County
25

FL
29

County
30

8. This corporation has liability for intangible tax under S. 199.023 Florida Statutes. ☒ Yes ☐ No.

9. Name and Address of Current Registered Agent

STATLER, ARLENE F
301 3RD STREET N.W.
SUITE 205
WINTER HAVEN FL 33881

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 Section(s) 607.1622 and/or 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 (if any) to accept service of process within Florida. I am familiar with and accept the obligations of Section(s) 607.1622, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
41 Title	DP	41 Title	☐ Change ☐ Addition
42 Name	STATLER, ARLENE F.	42 Name	
43 Street Address	938 VAN DRIVE	43 Street Address	
44 City-St-Zip	AUBURNDALE FL	44 City-St-Zip	
41 Title	DV	41 Title	☐ Change ☐ Addition
42 Name	SMITH, ALLEN R.	42 Name	
43 Street Address	1451 LAKE HOWARD DR. NW	43 Street Address	
44 City-St-Zip	WINTER HAVEN FL	44 City-St-Zip	
41 Title	DS	41 Title	☒ Change ☐ Addition
42 Name	BAY, DIANE M.	42 Name	Anzalone, Diane M.
43 Street Address	1035 W. LAKE CANNON DR.	43 Street Address	
44 City-St-Zip	WINTER HAVEN FL	44 City-St-Zip	
41 Title	DT	41 Title	☐ Change ☐ Addition
42 Name	STATLER, LANCE	42 Name	
43 Street Address	938 VAN DRIVE	43 Street Address	
44 City-St-Zip	AUBURNDALE FL	44 City-St-Zip	
41 Title		41 Title	☐ Change ☐ Addition
42 Name		42 Name	
43 Street Address		43 Street Address	
44 City-St-Zip		44 City-St-Zip	
41 Title		41 Title	☐ Change ☐ Addition
42 Name		42 Name	
43 Street Address		43 Street Address	
44 City-St-Zip		44 City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. I further certify that the information indicated on this report or supplemental 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 1, or Block 2, or Block 3, or Block 4, or is attached with an address.

SIGNATURE: X [signature] 5/3/95 (813) 293-4226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arlene F. Statler

0310285 CP