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 10 PM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S35653** **(2)**

1. Corporate Name
COMMERCIAL BROKER SERVICES, INC.

Principal Place of Business	Mailing Address
402 S. KENTUCKY AVE 4TH FLOOR LAKELAND FL 33801 US	PO BOX 3665 LAKELAND FL 33802 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1991**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite Apt. # etc. (22) / (27)

City & State (23) / (28)

Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: **59-3069956** ☐ 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 for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUTTON, CARLOS K. 402 S KENTUCKY AVE STE 400 LAKELAND FL 33802	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 4th Floor 84 City **FL** 85 Zip Code 33801

11. Pursuant to the provisions of Sections 607.0505 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: Carlos K. Sutton — Carlos K. Sutton — 5/1/95
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title 02 Name 03 Street Address 04 City, St, Zip	PD SUTTON, CARLOS K. 402 S KENTUCKY AVE #400 LAKELAND FL	11 Title 12 Name 13 Street Address 14 City, St, Zip	☐ Change ☐ Addition
05 Title 06 Name 07 Street Address 08 City, St, Zip		21 Title 22 Name 23 Street Address 24 City, St, Zip	☐ Change ☐ Addition
09 Title 10 Name 11 Street Address 12 City, St, Zip		31 Title 32 Name 33 Street Address 34 City, St, Zip	☐ Change ☐ Addition
13 Title 14 Name 15 Street Address 16 City, St, Zip		41 Title 42 Name 43 Street Address 44 City, St, Zip	☐ Change ☐ Addition
17 Title 18 Name 19 Street Address 20 City, St, Zip		51 Title 52 Name 53 Street Address 54 City, St, Zip	☐ Change ☐ Addition
21 Title 22 Name 23 Street Address 24 City, St, Zip		61 Title 62 Name 63 Street Address 64 City, St, Zip	☐ Change ☐ Addition

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: Carlos K. Sutton — Carlos K. Sutton — 5/1/95 — 813 683-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0448068 FP