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 APR 27 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51051 (8)

1. Corporation Name

ROBIN L. FISHER INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1760 LAKESIDE DR TITUSVILLE FL 32780	1760 LAKESIDE DR TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1991
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3062787 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1625 Garden ST	26 1625 GARDEN ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Titusville, FL	City & State 28 Titusville, FL
Zip 24 32780 County 25 Brevard	Zip 29 32780 County 30 Brevard

9. Name and Address of Current Registered Agent

FISHER, ROBIN L.
1625 GARDEN STREET
TITUSVILLE FL 32789

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 [signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	FISHER, ROBIN L	1 2 NAME	
STREET ADDRESS	1760 LAKESIDE DR	1 3 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	1 4 CITY ST ZIP	
TITLE	VST	2 1 TITLE	☐ Change ☐ Addition
NAME	FISHER, ROBIN L	2 2 NAME	
STREET ADDRESS	1760 LAKESIDE DR	2 3 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	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)(k), 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: Robin L. Fisher [signature] 4/18/95 (407) 268 2345

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

0410101 FP