SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Jul 02 1996 8:00 am
Secretary of State

DOCUMENT # S62369 (1)

1. Corporation Name

AMSCOT INSURANCE, INC.

Principal Place of Business	Mailing Address
8430 N ARMENIA AVE SUITES C & D TAMPA FL 33604 US	8430 N ARMENIA AVE. SUITES C & D TAMPA FL 33604 US

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 ___

3. Date Incorporated or Qualified: 06/26/1991
3a. Date of Last Report: 05/19/1995
4. FEI Number: 59-3067934 ☐ 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

BIERLEY, JOHN C., ESQUIRE
111 MADISON ST
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: JOHN A. ANTHONY, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 501 E. KENNEDY BOULEVARD
83 SUITE 1400
84 City: TAMPA FL 85 Zip Code: 33601

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] June 10, 1996
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MACKECHNIE, IAN	
STREET ADDRESS	1502 E. FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	MACKECHNIE, IAN ANDREW	
STREET ADDRESS	1502 E. FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	MACKECHNIE, IAN	
1.3 STREET ADDRESS	8430 N. ARMENIA AVENUE	
1.4 CITY-ST-ZIP	TAMPA FL 33604	
2.1 TITLE	DV	☑ Change ☐ Addition
2.2 NAME	MACKECHNIE, IAN ANDREW	
2.3 STREET ADDRESS	8430 N. ARMENIA AVENUE	
2.4 CITY-ST-ZIP	TAMPA FL 33604	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] IAN MACKECHNIE 6/6/96 813-955-8595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0104718 CP