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 19 AM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # S70402 (0)

1. Corporation Name
AGENT ALLIANCE CORPORATION

Principal Place of Business	Mailing Address
300 W. 27TH ST. ORLANDO FL 32806 US	300 W 27TH ST ORLANDO FL 32806 US

3. Date Incorporated or Qualified: 07/29/1991
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-3081496 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

TILLMAN, CHRIS
1016 W. LAKESHORE DR.
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name: McMillan, J. Lawrence
82 Street Address (P.O. Box Number is Not Acceptable): 1829 Gadsen Ave
83
84 City: Orlando FL 85 Zip Code: ~~32216~~ 32812

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 Lawrence McMillan (Signature, typed or printed name of registered agent and title if applicable) Lawrence McMillan (NOTE: Registered Agent signature required when reinstating) DATE 4-13-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TILLMAN, CHRIS	1.2 NAME	MCMILLAN, J. LAWRENCE	
STREET ADDRESS	1016 W. LAKESHORE DR.	1.3 STREET ADDRESS	1829 GADSEN AVE	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	ORLANDO FL 32216	
TITLE	VTD	2.1 TITLE	V	☒ Change ☐ Addition
NAME	MCMILLAN, LAWRENCE	2.2 NAME	LANGFORD, GERALD M	
STREET ADDRESS	1829 GADSEN AVE.	2.3 STREET ADDRESS	108 E HOLLY ST	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	HOWEY IN THE HILLS FL 34737	
TITLE		3.1 TITLE	ST	☐ Change ☒ Addition
NAME		3.2 NAME	PAXSON, GREGORY G	
STREET ADDRESS		3.3 STREET ADDRESS	1709 YVONNE ST	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	APOPKA FL 32712	
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: Lawrence McMillan, President Lawrence McMillan 04-14-95 407-839-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087107 CP