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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:42

DOCUMENT # **S71475** (5)

1. Corporation Name
AMERICAN PHOENIX INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~C/O WEST COAST INSURORS~~ 4535 CENTRAL AVENUE ST. PETERSBURG FL 33713-8137	~~C/O WEST COAST INSURORS~~ 4535 CENTRAL AVENUE ST. PETERSBURG FL 33713-8137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/05/1991	03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 C/O American Phoenix Corporation of Tampa Bay	26 C/O American Phoenix Corporation of Tampa Bay
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 06-1326019 ☐ 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
CLARK, ROBERT P. ~~WEST COAST INSURORS~~ 4535 CENTRAL AVENUE ST. PETERSBURG FL 33713-8137	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): American Phoenix Corporation of Tampa Bay 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (MUST: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, MARTIN L III	12 NAME	
STREET ADDRESS	4535 CENTRAL AVE	13 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, ROBERT P	22 NAME	
STREET ADDRESS	4535 CENTRAL AVE	23 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	24 CITY ST ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	MURPHY, D. WAYNE	32 NAME	
STREET ADDRESS	4535 CENTRAL AVE	33 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	RYAN, WILLIAM E	42 NAME	
STREET ADDRESS	4535 CENTRAL AVE	43 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	ALTINE, CLARA F	52 NAME	
STREET ADDRESS	4535 CENTRAL AVE	53 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, KEITH D	62 NAME	
STREET ADDRESS	4535 CENTRAL AVE	63 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	64 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)(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: Clara F. Altine — March 24, 1995 — 813-321-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Clara F. Altine, Secretary

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