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 -1 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74372** **(1)**

1. Corporation Name
NORTH FLORIDA INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
3810-3 WILLIAMSBURG PARK BLVD. JACKSONVILLE FL 32257 US	8060 - 165 AVE. #101 REDMOND WA 98052 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1991
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business 21: 3830-2 WILLIAMSBURG PARK BLVD.
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24 / County 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29 / County 30:

4. FEI Number: NOT APPLICABLE ☐ 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

WOLF, IRVIN III ✓
~~711~~ MARGARET STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3830-2 WILLIAMSBURG PARK BLVD.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32257

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. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☐ Change ☐ Addition	
NAME	KENNA, WILLIAM A.	12 NAME		
STREET ADDRESS	3810-3 WILLIAMSBURG	13 STREET ADDRESS	3830-2 WILLIAMSBURG PARK BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE	☐ Change ☐ Addition	
NAME	WOLF, IRVIN III	22 NAME		
STREET ADDRESS	3810-3 WILLIAMSBURG	23 STREET ADDRESS	3830-2 WILLIAMSBURG PARK BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	☐ Change ☐ Addition	
NAME	SHARPE, DONALD R	32 NAME		
STREET ADDRESS	8060-165TH AVE., NE	33 STREET ADDRESS		
CITY-ST-ZIP	REDMOND WA	34 CITY-ST-ZIP		
TITLE	DP	41 TITLE	☐ Change ☐ Addition	
NAME	LANKFORD, H. R JR	42 NAME		
STREET ADDRESS	8060-165TH AVE NE	43 STREET ADDRESS		
CITY-ST-ZIP	REDMOND WA	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	☐ Change ☐ Addition	
NAME	SHARPE, DONALD R	52 NAME		
STREET ADDRESS	8060-165TH AVE NE	53 STREET ADDRESS		
CITY-ST-ZIP	REDMOND WA	54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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: Donald R Sharpe 4-24-95 (206) 885-5959
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0480877 FP