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 24 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S82690** **(6)**

1. Corporation Name
PATRICK INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
4000 HWY 90 SUITE E PACE FL 32571	4000 HWY 90 SUITE E PACE FL 32571

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/17/1991**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **59-3079702** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATRICK, JAY MICHAEL
4000 HWY 90
SUITE E
PACE FL 32571

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 ✓ Jay Michael Patrick – PRESIDENT ✓ April 18, 1995
Signature of, and printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PATRICK, JAY MICHAEL	1.2 NAME	
STREET ADDRESS	4000 HWY 90 #E	1.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SOWELL, JOSEPH A., JR.	2.2 NAME	
STREET ADDRESS	P.O. BOX 160 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BREWTON AL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STOKES, DAVID M.	3.2 NAME	
STREET ADDRESS	P.O. BOX 160 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BREWTON AL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CROSBY, LARRY R.	4.2 NAME	
STREET ADDRESS	P.O. BOX 160 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BREWTON AL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CROSBY, ELTON D.	5.2 NAME	
STREET ADDRESS	P.O. BOX 160 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BREWTON AL	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)(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: ✓ J. Michael Patrick – J. Michael Patrick – Pres. 4-18-95 (904) 994-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001566 CP