FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S89064 (7)

1. Corporation Name

STEVEN REILLY INSURANCE AGENCY, INC.

Principal Place of Business
150 2ND AVENUE NORTH
SUITE 1600
ST. PETERSBURG FL 33701

Mailing Address
150 2ND AVENUE NORTH
SUITE 1600
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: 10/23/1991
3a. Date of Last Report: 06/15/1995
4. FEI Number: 59-3094999 — 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
21 526 Central ave
Suite, Apt. #, etc.
22 ~~2nd Floor~~ #200
City & State
23 St Petersburg, Fl
Zip 24 33701-3704 Country 25 Pinellas

2a. Mailing Address
26 P.O. Box 861
Suite, Apt. #, etc.
27
City & State
28 St. Petersburg, Fl
Zip 29 33731-0861 Country 30 Pinellas

9. Name and Address of Current Registered Agent

REILLY, STEVEN EDWARD
150 2ND AVENUE NORTH
SUITE 1600
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent
81 Name: Reilly, Steven Edward
82 Street Address (P.O. Box Number is Not Acceptable): 526 Central ave
83 ~~2nd Floor~~ # 200
84 City: St. Petersburg FL 85 Zip Code: 33701-3704

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 (X) Steve E Kelly — DATE 2-12-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	REILLY, STEVEN	
STREET ADDRESS	150 2ND AVENUE N. S-1600	
CITY-ST-ZIP	ST. PETERSBURG 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Reilly, Steven	
1.3 STREET ADDRESS	526 Central ave.	
1.4 CITY-ST-ZIP	St. Petersburg, Fl 33701-3704	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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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 (X) Steve E Kelly — 2-12-96 — 813-822-5383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEVEN REILLY