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95 MAY 22 11:10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S93761** (2)

1. Corporation Name

A PREMIERE INSURANCE AGENCY, INC.

Principal Place of Business

P O BOX 271026
TAMPA FL 33688-1672

Mailing Address

P.O. BOX 271026
TAMPA FL 33688-1026
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1991	3a. Date of Last Report 02/07/1994
21		26		4. FEI Number 59-3092191	Applied For Not Applicable
22	State: Apt # etc.	27	State: Apt # etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	County	29	County	7. 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

**PULLARA, ELEANOR F.
15104 GREENHORN WAY
TAMPA FL 33625**

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 607.04(2) and 607.04(3) 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(2) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Agent for the Corporation

Signature of Registered Agent or Change of Agent for the Corporation

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PULLARA, ELEANOR F. 15104 GREENHORN WAY TAMPA FL	1. NAME	☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.04(2) 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELEANOR F. PULLARA, PRES.

5/15/95

83-948-2255