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 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08320 (6)

1. Corporation Name
THOMAS LANG INSURANCE, INC.

Principal Place of Business
890 A EAST HWY 434
LONGWOOD FL 32750

Mailing Address
890 A EAST HWY 434
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1992
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3104454 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X — $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: X Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21	240 W church Ave	26	P.O Box 521986
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Longwood Florida	28	City & State: Longwood Florida
24	Zip: 32752	29	Zip: 32752
25	County: seminole	30	County: seminole

9. Name and Address of Current Registered Agent

~~THOMAS, JAMES E.~~
~~890 A EAST HWY 434~~
~~LONGWOOD FL 32750~~

10. Name and Address of New Registered Agent

81 Name: J. Gregory Humphries
82 Street Address (P.O. Box Number is Not Acceptable): 201 E. Pine St.
83 Suite 701
84 City: Orlando FL 85 Zip Code: 32801

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: [signature] J. Gregory Humphries 4/26/95
Signature, Registered Agent / Print Name / Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Director (X Change ☐ Addition)
NAME	THOMAS, JAMES E	12 NAME	James E Thomas
STREET ADDRESS	890 A EAST HWY 434	13 STREET ADDRESS	240 W. Church Ave
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	Longwood FL 32752
TITLE	D	21 TITLE	Director (X Change ☐ Addition)
NAME	LANG, STEPHEN T	22 NAME	Stephen LANG
STREET ADDRESS	321 NE IVANHOE BLVD	23 STREET ADDRESS	1203 N. Orange Ave
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando Fl 32804
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] Stephen Lang 4-11-95 407-8450555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0414920 FP