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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 29

DOCUMENT # V09712 (3)

1. Corporation Name

NATIONAL COMPUTERIZED AGENCIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1800 SECOND ST STE 104 SARASOTA FL 34236 US	1800 SECOND ST STE 104 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1992
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3105704 ☐ 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	2a. Mailing Address
21 2033 WOOD STREET	26 2033 WOOD STREET
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27 SUITE 200
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip 24 34237 Country 25 US	Zip 29 34237 Country 30 US

9. Name and Address of Current Registered Agent

MILLER, H LINCOLN JR
390 BOCA CIEGA POINT BLVD. SOUTH
ST. PETERSBURG FL 33708

10. Name and Address of New Registered Agent

81 Name G. Wayne Harris
82 Street Address (P.O. Box Number is Not Acceptable) 2033 WOOD STREET, SUITE 200
83
84 City SARASOTA FL 85 Zip Code 34237

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 G. Wayne Harris — Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date 3-21-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1 1 TITLE	VP ☒ Change ☐ Addition
NAME	MILLER, H. L JR	1 2 NAME	H. Lincoln Miller
STREET ADDRESS	390 BOCA CIEGA PT. BLVD. SOUTH	1 3 STREET ADDRESS	10 Morgan Road
CITY ST ZIP	T PETERSBURG FL	1 4 CITY ST ZIP	Hanover NH 03755
TITLE	P	2 1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, GEORGE W	2 2 NAME	
STREET ADDRESS	7251 PLOWERS WAY	2 3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	2 4 CITY ST ZIP	
TITLE	VP	3 1 TITLE	VP ☒ Change ☐ Addition
NAME	AEBLY, JULIUS W	3 2 NAME	JULIUS W AEBLY
STREET ADDRESS	531B GOLDEN GATE BLVD	3 3 STREET ADDRESS	2033 WOOD STREET, SUITE 200
CITY ST ZIP	SARASOTA FL	3 4 CITY ST ZIP	SARASOTA FL 34237
TITLE	S	4 1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	MILLER, MARGARET B	4 2 NAME	MARGARET B. MILLER
STREET ADDRESS	390 BOCA CIEGA PT. BLVD. SOUTH	4 3 STREET ADDRESS	10 MORGAN ROAD
CITY ST ZIP	ST PETERSBURG FL	4 4 CITY ST ZIP	HANOVER NH 03755
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		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)(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: G. Wayne Harris — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — G. WAYNE HARRIS

Date 3-21-95 Daytime Phone # 813 957 3866

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