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 MAR -7 AM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # V60988 (5)

1. Corporation Name

A & L INSURANCE, INC.

Principal Place of Business	Mailing Address
6 CASA RIO DRIVE ENGLEWOOD FL 34223	6 CASA RIO DRIVE ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1992

3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21: 6 Casa Rio Dr. Sarasota

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

Country — 25: Sarasota

Zip — 29:

Country — 30: Sarasota

4. FEI Number: 59-3141870 — 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

9. Name and Address of Current Registered Agent

DONAHUE, ARTHUR R.
6 CASA RIO DRIVE
ENGLEWOOD FL 34223

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: Arthur R Donahue, Pres. Arthur R Donahue (NOTE: Registered Agent signature required when executing) DATE: 2/15/95

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DONAHUE, ARTHUR R.	1.2 NAME		
STREET ADDRESS	6 CASA RIO DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP		
TITLE	SVT	2.1 TITLE		☐ Change ☐ Addition
NAME	DONAHUE, LOUISE	2.2 NAME		
STREET ADDRESS	6 CASA RIO DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DONAHUE, LOUISE	3.2 NAME		
STREET ADDRESS	6 CASA RIO DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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)(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.

8/3

SIGNATURE: Arthur R Donahue ARTHUR R. DONAHUE 2-15-95 475-7015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330400 CP