

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:46

DOCUMENT # 317805 (0)

1. Corporation Name

HILLEGASS INSURANCE AGENCY, INC.

Principal Place of Business

415 N 3RD ST
PO BOX 50446
JACKSONVILLE BEACH FL 32250
US

Mailing Address

PO BOX 50189
PO BOX 50446
JACKSONVILLE BEACH FL 32240-0189
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1967

3a. Date of Last Report

04/14/1994

4. FEI Number

59-1205717

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

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

JACKSONVILLE BEACH, FL

29. Zip

Country

30. 32240-0189

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLEGASS, MICHAEL
415 N 3RD ST
JACKSONVILLE BEACH FL 32250

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILLEGASS, MICHAEL
STREET ADDRESS	415 N THIRD ST
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	ST
NAME	HILLEGASS, MICHELE
STREET ADDRESS	415 N THIRD ST
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	V
NAME	HILLEGASS, WILLIAM G
STREET ADDRESS	412 PONTE VERDE BLVD.
CITY - ST - ZIP	PONTE VEDRA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment to this address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95 904 246-7314

(Date)

(Anytime Phone #)