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 APR 24 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01461** **(7)**

1. Corporation Name
B & H INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
10803 NORTH DALE MABRY TAMPA FL 33618	10803 NORTH DALE MABRY TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/10/1989	3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2956256	☐ 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 1335 OAKFIELD DRIVE	26 1335 OAKFIELD DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BRANDON, FLORIDA	28 City & State: BRANDON, FLORIDA
24 Zip: 33511 25 Country: HILLSBOROUGH	29 Zip: 33511 30 Country: HILLSBOROUGH

9. Name and Address of Current Registered Agent

BIEN, TERRANCE L.
15812 HAMPTON VILLAGE DRIVE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name	TERRY MOREHOUSE
82 Street Address (P.O. Box Number is Not Acceptable)	1335 OAKFIELD DRIVE
83	
84 City	BRANDON FL 85 Zip Code 33511

11. Pursuant to the provisions of Section(s) 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 _____ TERRY MOREHOUSE, PRESIDENT DATE 4-18-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	BIEN, TERRANCE L.	1.2 NAME	
STREET ADDRESS	15812 HAMPTON VILLAGE DR	1.3 STREET ADDRESS	NO LONGER AN OFFICER OF THE CORP
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	NO LONGER A DIRECTOR OF THE CORP
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	HANNON, JAMES D. JR.	2.2 NAME	
STREET ADDRESS	12101 CYPRESS HOLLOW PLA	2.3 STREET ADDRESS	No Longer An officer of the Corp
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	No Longer A Director of the Corp
TITLE	ST	3.1 TITLE	☒ Change ☐ Addition
NAME	BIEN, JUDITH A.	3.2 NAME	
STREET ADDRESS	15812 HAMPTON VILLAGE DR	3.3 STREET ADDRESS	NO LONGER AN OFFICER OF THE CORP
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	NO LONGER A DIRECTOR OF THE CORP
TITLE	VD	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	MOREHOUSE, TERRY	4.2 NAME	
STREET ADDRESS	1511 CARTER OAKS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	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)(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: TERRY MOREHOUSE 4-18-95 813-689-5561
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

CP