

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90314 044 ***150.00

DOCUMENT # P04000109854



1. Entity Name
FHM INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address
9485 REGENCY SQUARE BLVD SUITE 415 JACKSONVILLE, FL 32225 **9485 REGENCY SQUARE BLVD SUITE 415 JACKSONVILLE, FL 32225**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01122006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2024538** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
LEMINE, JOHN A
9485 REGENCY SQ BLVD, STE 415
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** Delete
 NAME **BROCK, JAMES E**
 STREET ADDRESS **9485 REGENCY SQUARE BLVD SUITE 415**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **BOND, WILLIAM JR**
 STREET ADDRESS **9485 REGENCY SQUARE BLVD SUITE 415**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **Vice Chairman & Director** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **BRADLEY, RUEL L JR**
 STREET ADDRESS **9485 REGENCY SQUARE BLVD SUITE 415**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **RICHARDSON, MARY ANN**
 STREET ADDRESS **9485 REGENCY SQUARE BLVD SUITE 415**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASDC** Delete
 NAME **GABEL, GEORGE D JR**
 STREET ADDRESS **9485 REGENCY SQUARE BLVD SUITE 415**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **Asstnt. Secretary, Director & General Counsel** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ATDC** Delete
 NAME **HEALAN, JACK B JR**
 STREET ADDRESS **9485 REGENCY SQUARE BLVD SUITE 415**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **Asstnt. Treasurer, Director & Chair-Elect** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John A. Lemine John A. Lemine 4/11/06 904.724.9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40047757

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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FHM INSURANCE SERVICES, INC.

FEI Number 20-2024538

BLOCK 11:

Addition

**Director
Walter L. Banks
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**

Addition

**Director
Joseph G. Seay
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**

Addition

**Chief Operating Officer (VP)
John A. Lemine
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**

Addition

**Vice President of Policy Services
Angela R. Adamson
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**

Addition

**Vice President of Field Services
John M. Bledsoe
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**

Addition

**Vice President Finance
Heather L. McCoy
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**