

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90087 045 ***150.00

DOCUMENT # P04000109854
 1. Entity Name
 FHM INSURANCE SERVICES, INC.



Principal Place of Business: 4601 TOUCHTON ROAD EAST, BUILDING 300, SUITE 3150, JACKSONVILLE, FL 32246
 Mailing Address: 4601 TOUCHTON ROAD EAST, BUILDING 300, SUITE 3150, JACKSONVILLE, FL 32246

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4001000

 01042008 Chg-P CR2E034 (12/06)

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: *change in address only*
 Street Address (P.O. Box Number is Not Acceptable): *4601 Touchton Road East*
Building 300, Suite 3150
 City: *Jacksonville* FL Zip Code: *32246*

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CD <input checked="" type="checkbox"/> Delete	NAME: BROCK, JAMES E STREET ADDRESS: 9485 REGENCY SQUARE BLVD SUITE 415 CITY-ST-ZIP: JACKSONVILLE, FL 32225	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VCD <input type="checkbox"/> Delete	NAME: BOND, WILLIAM JR STREET ADDRESS: 9485 REGENCY SQUARE BLVD SUITE 415 CITY-ST-ZIP: JACKSONVILLE, FL 32225	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>4601 Touchton Rd East, Suite 3150 Bldg 300</i> STREET ADDRESS: <i>JACKSONVILLE FL 32246</i> CITY-ST-ZIP: <i>JACKSONVILLE FL 32246</i>
TITLE: TD <input type="checkbox"/> Delete	NAME: BRADLEY, RUEL L JR STREET ADDRESS: 9485 REGENCY SQUARE BLVD SUITE 415 CITY-ST-ZIP: JACKSONVILLE, FL 32225	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>4601 Touchton Rd East, Suite 3150 Bldg 300</i> STREET ADDRESS: <i>JACKSONVILLE, FL 32246</i> CITY-ST-ZIP: <i>JACKSONVILLE, FL 32246</i>
TITLE: SD <input type="checkbox"/> Delete	NAME: RICHARDSON, MARY ANN STREET ADDRESS: 9485 REGENCY SQUARE BLVD SUITE 415 CITY-ST-ZIP: JACKSONVILLE, FL 32225	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>4601 Touchton Rd East, Suite 3150, Bldg 300</i> STREET ADDRESS: <i>JACKSONVILLE FL 32246</i> CITY-ST-ZIP: <i>JACKSONVILLE FL 32246</i>
TITLE: ASDC <input type="checkbox"/> Delete	NAME: GABEL, GEORGE D JR STREET ADDRESS: 9485 REGENCY SQUARE BLVD SUITE 415 CITY-ST-ZIP: JACKSONVILLE, FL 32225	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>4601 Touchton Rd East, Suite 3150, Bldg 300</i> STREET ADDRESS: <i>JACKSONVILLE FL 32246</i> CITY-ST-ZIP: <i>JACKSONVILLE FL 32246</i>
TITLE: ATDC <input type="checkbox"/> Delete	NAME: HEALAN, JACK B JR STREET ADDRESS: 9485 REGENCY SQUARE BLVD SUITE 415 CITY-ST-ZIP: JACKSONVILLE, FL 32225	TITLE: CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>CD</i> STREET ADDRESS: <i>4601 Touchton Rd East, Suite 3150, Bldg 300</i> CITY-ST-ZIP: <i>JACKSONVILLE, FL 32246</i>

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* 4/17/08 904.724.9890
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40075280

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT #P04000109854
FHM INSURANCE SERVICES, INC.

FEI Number 20-2024538

BLOCK 10:

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

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

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

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

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

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

BLOCK 11:

Change

4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246

Change

ATD
4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246

Change

4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246

Change

4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246

Change

4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246

Change

4601 Touchton Rd East, Suite 3150, Bldg 300
Jacksonville, FL 32246