

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109854

Entity Name: FHM INSURANCE SERVICES, INC.

FILED  
Mar 17, 2011  
Secretary of State

**Current Principal Place of Business:**

4601 TOUCHTON ROAD EAST  
BUILDING 300, SUITE 3150  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

4601 TOUCHTON ROAD EAST  
BUILDING 300, SUITE 3150  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 20-2024538      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEMINE, JOHN A  
4601 TOUCHTON ROAD EAST  
BUILDING 300, SUITE 3150  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VCD  
Name: BOND, WILLIAM JR  
Address: 4601 TOUCHTON RD, E, STE 3150 BLD 300  
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD  
Name: BRADLEY, RUEL L JR  
Address: 4601 TOUCHTON RD E, STE 3150 BLD 300  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD  
Name: RICHARDSON, MARY ANN  
Address: 4601 TOUCHTON RD E, SUITE 3150 BLD 300  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ASDC  
Name: GABEL, GEORGE D JR  
Address: 4601 TOUCHTON RD E, STE. 3150 BLD 300  
City-St-Zip: JACKSONVILLE, FL 32246

Title: CD  
Name: HEALAN, JACK B JR  
Address: 4601 TOUCHTON RD E, STE 3150 BLD 300  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ATD  
Name: SEAY, JOSEPH G  
Address: 4601 TOUCHTON RD E. STE 3150 BLDG 300  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A LEMINE

COO

03/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date