

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109854

FILED
Feb 16, 2017
Secretary of State
CC8551871271

Entity Name: FHM INSURANCE SERVICES, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 20-2024538

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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

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

Title EVP - CORPORATE SERVICES
Name JOHN , LEMINE A
Address 4601 TOUCHTON ROAD EAST
BUILDING 300, SUITE 3150
City-State-Zip: JACKSONVILLE FL 32246

Title D
Name BANKS, WALTER
Address 4601 TOUCHTON ROAD EAST
BUILDING 300, SUITE 3150
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT
Name LUPINO, MATTHEW
Address 4601 TOUCHTON ROAD EAST
BUILDING 300, SUITE 3150
City-State-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

EVP - CORPORATE SERVICES

02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date