FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **155640** **(6)**

1. Corporation Name
HILES-MCLEOD INSURANCE, INC.

Principal Place of Business
1900 N. 9TH AVE (9TH & LAKEVIEW)
BOX 2747
PENSACOLA FL 32503

Mailing Address
1900 N. 9TH AVE (9TH & LAKEVIEW)
BOX 2747
PENSACOLA FL 32503

3. Date Incorporated or Qualified: 08/05/1948
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-0587161 — 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

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER OF FLORIDA
CAPITAL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
81 Name: JIMMY G. EDDINS
82 Street Address (P.O. Box Number is Not Acceptable): 1900 N. NINTH AVE
83
84 City: PENSACOLA FL 85 Zip Code: 32503

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: JIMMY G. EDDINS PRESIDENT — (Typed or printed name of person signing) — Jimmy G. Eddins (Notary Public, Registered Agent's Signature required if not the above) — DATE: 2/14/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLEOD, WALTER G. JR.	1.2 NAME	
STREET ADDRESS	780 GERHARDT DR	1.3 STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA, FLORIDA 00000	1.4 CITY, ST, ZIP	
TITLE	PRES. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EDDINS, JIMMY G.	2.2 NAME	
STREET ADDRESS	1170 SAWGRAS DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	GULF BREEZE FL	2.4 CITY, ST, ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PATE, CHRISTOPHER G.	3.2 NAME	
STREET ADDRESS	4004 MADURA EIGHT	3.3 STREET ADDRESS	
CITY, ST, ZIP	GULF BREEZE FL	3.4 CITY, ST, ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	☐ DELETE	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: Jimmy G. Eddins — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/14/96 — Daytime Phone: (904) 432-5912

CR2E034 (12/95)