07071999-90010-019-\$150.00-\$150.00

AMOUNT OF THE OR DEFORE ON 1870: \$550 ST DISSOLVED, MIRMUM AMOUNT DUE TO REMISTATE: \$750] FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 99 AUG - 1 PM 12: 33 1999 **DIVISION OF CORPORATIONS** DOCUMENT # 155640 SECHEIZAY OF STATE TAIT 41 JASSEE, FLORE)4 HILES-MICLEOD INSURANCE, INC. Principal Place of Business Malling Address 1800 N. 9TH AVE (STH & LAKEYREW) 1900 N. STH AVE (STH & LAKEVIEW) BOX 2747 PENSAÇOLA FL 32503 PENSACOLA FL 12503 DO NOT WRITE IN THIS SPACE 08/05/1948 2. Principal Place of Business Za. Malling Address FFI Numbe Applied For 59-0687161 Not Applicable Suite, Apt. #, etc. Suite, Apt #; etc. 8.75 Additional. --0 S. Corillicate of Status Desired Fee Required 22 City & State 6. Election Campelon Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζiφ Country 8. This corporation owes the current year Intengible Personal Property. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EDOINS, JIMMY G 2 Street Address (P.O. Box Number is Not Acceptable) 1900 NORTH 9TH AVENUE PENSACOLA FL 32503 83 • CAN Pursuant to the provisions of sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change as authorized by the corporation's board of directors. I hereby agent, I am familiar with, and accept the obligations of section 607.0505, Florida Statutes. SIGNATURE . white, typed or private name of registered agent and the Estyp PIOTE: Registered Agent algree (589) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. me 1.1 TITLE DELETE Change Addition CR2E034 EDDINS, JIMMY G. MAE 1.2 NAME 1170 SAWGRAS DRIVE STREET ADD 13 STREET ADDRES **GULF BREEZE FL** 1.4 CHTY-ST-ZPP CHYALIZE Change Addition MILE DELETE 2.1 TITLE Pate, Christopher G. 4004 Madura Eight NUE 22 HUME STREET ADDRESS 2.3 STREET ADDRESS GULF BREEZE FL CITY-ST-ZIP 24 C/TY-\$1-20 א חמל DELETE 31 TIRE Change Addition we 3.2 HAME STREET ADDRESS 3.3 STREET ACCRESS 3.4 CHY-ST-ZIP CITY-61-ZP LI TITLE DELETE Change Addition NAME 42 NAME STREET ADDRESS 4.3 STREET ADDRESS CHYSTAP 4.4 CITY-ST-ZP DELETE S.1 TITLE Change Addition MALE STANK STREET ADDRESS LO STREET ACCRESS OTTY-87-29\* S.4 CHY-ST-ZIP TILE DELETE &1 TITLE Change Addition NAME A2 KAPE STREET ACCRESS 4.3 STREET ACCRESS 44 CHYST-29 xemption stated in section 119.07(3)(i). Floride Statutes, I further certify that the information and that my signature shell have the same legal effect as if made under oath; that I am sould this report as required by Chapter 807, Florida Statutes; and that my name appears 850) 432 92 SIGNATURE:

## HILES-McLEOD INSURANCE, INC.

1900 NORTH 9th AVENUE P.O. BOX 2747 PENSACOLA, FLORIDA 32613 (850) 432-9912 FAX (850) 432-3875

July 1, 1999

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

## Gentlemen:

Today we received the 1999 Profit Corporation Annual Report that was marked 2nd notice. We never received our first report so I called the Dept. of State Division of Corp. and spoke to Ed in the customer service department. I explained the problem to him and he told me they had received over 50 calles this morning already on it with the same problem as mine. He told me to issue a check for \$150 and write this letter to you explaining the problem. He told me, he felt there would be no problem with it since our record indecated we always paid on time in the past. Thank you for your help with this.

Sincerely.

mya Edding