2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

J. Eddin

SIGNATURE:

Jan 31, 2004 08:00 AM DOCUMENT # 155640 -Secretary of State 1. Entity Name HILES-MCLEOD INSURANCE, INC. Principal Place of Business Mailing Address 1900 N. 9TH AVE (9TH & LAKEVIEW) 1900 N. 9TH AVE (9TH & LAKEVIEW) BOX 2747 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-0587161 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDDINS, JIMMY G Street Address (P.O. Box Number is Not Acceptable) 1900 NORTH 9TH AVENUE PENSACOLA FL 32503 City Zip Code 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 according the obligations of registere agent = resident 1-28-04 SIGNATURE Signature, typed ted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΠEF ☐ Delete Change Addition MALE NAME EDDINS, JIMMY G. MAME 000000025486 02/02/04-80108-010 150.80 1170 SAWGRAS DRIVE STREET ADDRESS STREET ADDRESS CATY -ST-ZIP GULF BREEZE FL CRTY - ST - ZiP me ☐ Delete THE Change Addition NAME PATE, CHRISTOPHER G. NAME STREET ADDRESS 4004 MADURA EIGHT STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME MARAF STREET ADDRESS STREET ADDRESS CXTY - ST - ZXP CITY-ST-ZIP TEELE Delete साङ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-78 CITY-ST-78P 73TLE ☐ Delete 1331 F Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TSTLE ☐ Delete 33T3 F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), 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.

Jinny G. Eddins

FILED

1-28-04 (850) 432-9912