

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90033 032 ***150.00

DOCUMENT # 155640

1. Entity 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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

40004030



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-0587161

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EDDINS, JIMMY G
1900 NORTH 9TH AVENUE
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EDDINS, JIMMY G.
1170 SAWGRAS DRIVE
GULF BREEZE, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PATE, CHRISTOPHER G.
1720 E. AVERY ST.
PENSACOLA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Chris Pate
1720 E. Avery St.
Pensacola, FL.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Paul Davidson
1507 Templemore Dr.
Cantonment, FL. 32533** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sec/Treasurer
Michael G. Eddins
2410 Hallmark Drive
Pensacola, FL. 32503** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

Michael G. Eddins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael G. Eddins 1/9/08

Date

Daytime Phone #