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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 276750 (7)

1. Corporation Name
AMERICAN HAIL MANAGEMENT, INC.

Principal Place of Business

140 SO. ATLANTIC AVE. E
ORMOND BEACH FL 32176
US

Mailing Address

140 SO. ATLANTIC AVE. E
ORMOND BEACH FL 32176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1963

4. FEI Number

59-1058776

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 140 S. Atlantic Avenue

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Ormond Beach, FL

Zip

24 32176

Country

25 US

2a. Mailing Address

26 140 S. Atlantic Avenue

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Ormond Beach, FL

Zip

29 32176

Country

30 US

9. Name and Address of Current Registered Agent

ORMOND RE GROUP, INC.
140 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name

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

140 S. Atlantic Avenue

83 Suite 400

84 City

Ormond Beach

FL

85 Zip Code
32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BURT, W L

STREET ADDRESS 140 S ATLANTIC AVE

CITY-ST-ZIP ORMOND BEACH FL

TITLE SVTD ☐ DELETE

NAME LONG, WILLIAM T

STREET ADDRESS 5 SHERWOOD DR

CITY-ST-ZIP ORMOND BEACH FL

TITLE VSD ☐ DELETE

NAME DEINER, J.B.

STREET ADDRESS 140 S ATLANTIC AVE

CITY-ST-ZIP ORMOND BEACH FL

TITLE SVD ☐ DELETE

NAME DIPARDO, ANTHONY L

STREET ADDRESS 140 S. ATLANTIC AVE

CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

140 S. Atlantic Avenue, Suite 400

1.4 CITY-ST-ZIP

Ormond Beach, FL 32176

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

140 S. Atlantic Avenue, Suite 400

2.4 CITY-ST-ZIP

Ormond Beach, FL 32176

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

140 S. Atlantic Avenue, Suite 400

3.4 CITY-ST-ZIP

Ormond Beach, FL 32176

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

140 S. Atlantic Avenue, Suite 400

4.4 CITY-ST-ZIP

Ormond Beach, FL 32176

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

300002499458

-04/24/98--01035--031

***1500.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *John B. Deiner* John B. Deiner, Exec. VP

4/8/98

(904) 677-4453

CR2E034 (10/97)