

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:05

DOCUMENT # 357007

(4)

1. Corporation Name

HAIL INFORMATION SERVICES, INC.

Principal Place of Business

140 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176

Mailing Address

140 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1969

3a. Date of Last Report

03/04/1994

4. FEI Number

59-1282999

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORMOND RE GROUP, INC. (FORMERLY-
FINANCIAL MANAGEMENT, INC.
140 S ATLANTIC AVE
ORMOND BEACH FL 32074

81 Name

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

83

84 City

FL

85 Zip Code

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 (agent or person named as registered agent and the filer) (Application)

(Agent) Registered Agent Signature required when registering.

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VT

NAME

CRAMER, DAVID

STREET ADDRESS

140 S ATLANTIC AVE

CITY, ST, ZIP

ORMOND BEACH FL

11 TITLE

SV/T

12 NAME

Long, William T.

13 STREET ADDRESS

5 Sherwood Dr.

14 CITY, ST, ZIP

Ormond Beach, FL

☒ Change ☐ Addition

TITLE

VSD

NAME

DEINER, JOHN

STREET ADDRESS

140 S ATLANTIC AVE

CITY, ST, ZIP

ORMOND BEACH FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

PD

NAME

BURT, W L

STREET ADDRESS

140 S ATLANTIC AVE

CITY, ST, ZIP

ORMOND BEACH FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(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: William T. Long, Sr. William T. Long, Sr. VP & Treas. 3/15/95 (904) 677-4453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Filer)