FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

CR2E034 (12/95)

DOCUMENT # **370404** **(6)**

1. Corporation Name

HSH/HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS, INC.

Principal Place of Business
1901 LEE ROAD
PO BOX 1016
WINTER PARK FL 32789

Mailing Address
1901 LEE ROAD
PO BOX 1016
WINTER PARK FL 32789

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 09/28/1970
3a. Date of Last Report: 03/27/1995
4. FEI Number: 59-1307966 ☐ 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

9. **Name and Address of Current Registered Agent**

SIBLEY, BENJAMIN P.
2060 THUNDERBIRD TRAIL
MAITLAND FL 32751

10. **Name and Address of New Registered Agent**

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 ______ (Note: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer	Delete
TITLE	PD	☐ DELETE
NAME	SIBLEY,BENJAMIN P	
Street Address	2060 THUNDERBIRD TRAIL	
City-St-Zip	MAITLAND FL	
TITLE	VTD	☐ DELETE
NAME	BREEN, JAMES H.	
Street Address	2810 TUPELO CT.	
City-St-Zip	LONGWOOD FL	
TITLE	VD	XX DELETE
NAME	MOTLER, GEORGE	
Street Address	1016 CREEK'S BEND DRIVE	
City-St-Zip	CASSELBERRY FL	
TITLE	VD	☐ DELETE
NAME	SIBLEY, B. CRAIG	
Street Address	2521 DELORAINE TRAIL	
City-St-Zip	MAITLAND FL	
TITLE	VSD	☐ DELETE
NAME	TERRY, JAMES L.	
Street Address	1680 HOFFNER AVE.	
City-St-Zip	ORLANDO FL	
TITLE		☐ DELETE
NAME		
Street Address		
City-St-Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	CD	X Change	☐ Addition
1.2 NAME	Sibley, Benjamin P.		
1.3 STREET ADDRESS	2060 Thunderbird Trail		
1.4 CITY-ST-ZIP	Maitland, FL		
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VSD	X Change	☐ Addition
4.2 NAME	Sibley, B. Craig		
4.3 STREET ADDRESS	2521 Deloraine Trail		
4.4 CITY-ST-ZIP	Maitland, FL		
5.1 TITLE	PD	X Change	☐ Addition
5.2 NAME	James, Terry L.		
5.3 STREET ADDRESS	1680 Hoffner Ave.		
5.4 CITY-ST-ZIP	Orlando, FL		
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 119.07(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: [signature] Terry L. James, Pres. 02/20/96 (407) 647-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #