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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 370404

(6)

1. Corporation Name
HSH/HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND B
ONDS, INC.

Principal Place of Business

1801 LEE ROAD
PO BOX 1016
WINTER PARK FL 32789

Mailing Address

1801 LEE ROAD
PO BOX 1016
WINTER PARK FL 32789-1534

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/28/1970

3a. Date of Last Report

02/29/1996

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

Terry L. James

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

1831 South Summerlin Avenue

83

84 City

Orlando

FL

85 Zip Code

32806

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

4-23-97

12. OFFICERS AND DIRECTORS

TITLE CD ☒ 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 VSD ☐ DELETE
NAME SIBLEY, B. CRAIG
STREET ADDRESS 2521 DELORANE TRAIL
CITY-ST-ZIP MAITLAND FL

TITLE PD ☐ DELETE
NAME TERRY, JAMES L.
STREET ADDRESS 1680 HOFFNER AVE.
CITY-ST-ZIP ORLANDO 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
1.4 CITY-ST-ZIP

2.1 TITLE VTD ☒ Change ☐ Addition
2.2 NAME Breen, James H.
2.3 STREET ADDRESS 465 Chickee Court
2.4 CITY-ST-ZIP Lake Mary, FL 32746

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PCD ☒ Change ☐ Addition
4.2 NAME James, Terry L.
4.3 STREET ADDRESS 1831 South Summerlin Avenue
4.4 CITY-ST-ZIP Orlando, FL 32806

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry L. James
Pres & CEO

Date 04/09/97

Daytime Phone 407 647-1616

CR2E034 (9/96)