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

DOCUMENT # **524269** **(8)**

1. Corporation Name
HERBIE WILES INSURANCE, INC.

Principal Place of Business	Mailing Address
400 N PONCE DE LEON BLVD PO BOX 3067 ST. AUGUSTINE FL 32085-3067 US	400 N PONCE DE LEON BLVD PO BOX 3067 ST. AUGUSTINE FL 32085-3067 US

2. Principal Place of Business (21)	2a. Mailing Address (26) P.O. DRAWER 3067	3. Date Incorporated or Qualified: 01/21/1977	3a. Date of Last Report: 01/27/1995
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-1707408	☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28) ST. AUGUSTINE, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip (24) / Country (25)	Zip (29) 32085-3067 / Country (30) USA	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

WILES, DOUGLASS F.
400 N PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084

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: Douglass F Wiles 2/23/96 (DOUGLASS F. WILES, PRESIDENT)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	CHIEF EXECUTIVE OFFICER	☒ Change ☐ Addition
NAME	WILES, HERBERT		1.2 NAME		
STREET ADDRESS	63 BAYVIEW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	PS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WILES, DOUGLASS F.		2.2 NAME		
STREET ADDRESS	601 PEGGY PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		☐ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			3.2 NAME	AUDRIA M. HINCHMAN	
STREET ADDRESS			3.3 STREET ADDRESS	4665 FIFTH AVE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE		☐ DELETE	4.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			4.2 NAME	WAYNE E. HOWELL, JR	
STREET ADDRESS			4.3 STREET ADDRESS	3200 CROSS CREEK PLACE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Douglass F Wiles 2/23/96 (904) 829-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #