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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 672813

(3)

1. Corporation Name

HANNON INSURANCE AGENCY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:49

Principal Place of Business

221 REID AVENUE
C/O JASPER LEROY SMITH
PORT ST JOE FL 32456

Mailing Address

221 REID AVENUE
C/O JASPER LEROY SMITH
PORT ST JOE FL 32456

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/02/1980

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2123964

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P.O. Box 190, Port St. Joe, Fla 32456

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SMITH, JASPER LEROY
221 REID AVENUE
PORT ST. JOE FL 32456

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

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

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SMITH, JASPER LEROY
STREET ADDRESS	905 MONUMENT AVE
CITY - ST - ZIP	PT ST JOE, FL 00000
TITLE	TD
NAME	SMITH, FRANN H.
STREET ADDRESS	905 MONUMENT AVE
CITY - ST - ZIP	PT ST JOE, FL 00000
TITLE	VD
NAME	SMITH, FRANN H
STREET ADDRESS	905 MONUMENT AVE
CITY - ST - ZIP	PT, ST. JOE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	☐ 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	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition sheet with an address.

SIGNATURE:

Jasper L. Smith, Jasper Leroy Smith 2-3-95 904-227-1133

(Signature and typed or printed name of signing officer or director)

(Title)

(Typed Name)