**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 # **F95000000433 (1)**

1. Corporation Name

**HERITAGE INSURANCE MANAGERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 909 N.E. LOOP 410<br>SUITE 400<br>SAN ANTONIO TX 78209 | 909 N.E. LOOP 410<br>SUITE 400<br>SAN ANTONIO TX 78209 |

3. Date Incorporated or Qualified: 01/26/1995
3a. Date of Last Report:
4. FEI Number: 74-1315629 ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 909 NE Loop 410 | 26 909 NE Loop 410 |
| 22 Suite, Apt. #, etc. 400 | 27 Suite, Apt. #, etc. 400 |
| 23 City & State: San Antonio Tx | 28 City & State: San Antonio Tx |
| 24 Zip: 78209 25 Country: U.S. | 29 Zip: 78209 30 Country: U.S. |

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KING, VICTOR ADAIR | | 1.2 NAME | | |
| STREET ADDRESS | 909 N.E. LOOP 410 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78209 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | KING, RICHARD WAYNE | | 2.2 NAME | | |
| STREET ADDRESS | 909 N.E. LOOP 410 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78209 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☒ Addition |
| NAME | ROBERTS, RANDALL JAMES | | 3.2 NAME | V | |
| STREET ADDRESS | 909 N.E. LOOP 410 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78209 | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JEFFERSON, NAT | | 4.2 NAME | | |
| STREET ADDRESS | 909 N.E. LOOP 410 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN ANTONIO TX 78209 | | 4.4 CITY-ST-ZIP | | |
| 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)(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:** Randall James Roberts 4-25-96 2488297467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #