

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G23504** (5)

1. Corporation Name

BRAD HYLAND INSURANCE AGENCY, INC.



Principal Place of Business

2401 WEST BAY DR
BLDG 100 SUITE 115
LARGO FL 34640
US

Mailing Address

2401 WEST BAY DR
BLDG 100 SUITE 115
LARGO FL 34640
US

3. Date Incorporated or Qualified
02/10/1983

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 **200 ARCHERS POINT**

2a. Mailing Address

26 **200 ARCHERS POINT**

4. FET Number

59-2258812

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

Suite, Apt. #, etc.

22 **LONGWOOD, FL 32779**

City & State

24 **32779** 25 **U.S.**

Zip Country

Suite, Apt. #, etc.

27 **LONGWOOD FL.**

City & State

29 **32779** 30 **U.S.**

Zip Country

9. Name and Address of Current Registered Agent

HYLAND, BRADLEY H.
26 N. PINE CIRCLE
BELLEAIR FL 33516

10. Name and Address of New Registered Agent

81 Name **HYLAND BRADLEY H.**

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

200 ARCHERS POINT

83

84 City **LONGWOOD**

FL

85 Zip Code **32779**

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

Bradley H. Hyland

3-14-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HYLAND, BRADLEY H.**
STREET ADDRESS **26 N. PINE CIRCLE**
CITY-STATE-ZIP **BELLEAIR FL**

TITLE **ST** ☐ DELETE
NAME **HYLAND, JUSTINE C.**
STREET ADDRESS **26 N. PINE CIRCLE**
CITY-STATE-ZIP **BELLEAIR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ADDRESS** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **200 ARCHERS POINT**
1.4 CITY-STATE-ZIP **LONGWOOD, FL. 32779**

2.1 TITLE **ADDRESS** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **200 ARCHERS POINT**
2.4 CITY-STATE-ZIP **LONGWOOD, FL.**

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

Bradley H. Hyland

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

BRADLEY H. HYLAND 3-14-96 407-829-2172

Date

Daytime Phone #

CR2E034 (12/95)