

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G23504 (5)

1. Corporation Name
BRAD HYLAND INSURANCE AGENCY, INC.

Principal Place of Business

200 ARCHERS POINT
LONGWOOD FL 32779
US

Mailing Address

200 ARCHERS POINT
LONGWOOD FL 32779-9737
US



3. Date Incorporated or Qualified 02/10/1983
3a. Date of Last Report 03/19/1996

4. FEI 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

2. Principal Place of Business

21 2108 CLUSTER BRANCH CT.
City & State

23 LONGWOOD FL.
Zip Country

24 32779 25 US

2a. Mailing Address

26 2108 CLUSTER BRANCH CT.
City & State

28 LONGWOOD FL.
Zip Country

29 32779 30 U.S.

9. Name and Address of Current Registered Agent

HYLAND, BRADLEY H.
200 ARCHERS POINT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name HYLAND BRADLEY H.
82 Street Address (P.O. Box Number is Not Acceptable) 2108 CLUSTER BRANCH COURT
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

3-14-97

Signature typed or printed name of registered agent and title in right margin.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HYLAND, BRADLEY H.	
STREET ADDRESS	200 ARCHERS POINT	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HYLAND, JUSTINE C.	
STREET ADDRESS	200 ARCHERS POINT	
CITY - ST - ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADDRESS
1.3 STREET ADDRESS	2108 CLUSTER BRANCH COURT
1.4 CITY - ST - ZIP	LONGWOOD FL. 32779
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADDRESS
2.3 STREET ADDRESS	2108 CLUSTER BRANCH COURT
2.4 CITY - ST - ZIP	LONGWOOD FL. 32779
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bradley H. Hyland

BRADLEY H. HYLAND 3-14-97 407-288-3107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0072881

CR2E034 (9/96)