FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G26119** **(9)**

1. Corporation Name
HARTMAN TILTON INSURANCE AGENCY, CORP.

Principal Place of Business	Mailing Address
815 COLORADO AVE. SUITE 101 STUART FL 34995-3388	815 COLORADO AVE. SUITE 101 STUART FL 34995-3388

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1983
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2265847 ☐ 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

9. Name and Address of Current Registered Agent

HARPER, JAMES R.
311 PARK PLACE BLVD.
SUITE 400
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: CAROLYN M. MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 815 COLORADO AVENUE, SUITE #101
83
84 City: STUART **FL** 85 Zip Code: 34994

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: Carolyn M Miller
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARPER, JAMES . 311 PARK PLACE BLVD STE. 400 CLEARWATER FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P ☒ Change ☐ Addition MILLER, CAROLYN M. 815 COLORADO AVENUE, STE. #101 STUART, FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FILLMORE, FREDERICK R. 311 PARK PLACE BLVD CLEARWATER FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S ☒ Change ☐ Addition HARPER, JAMES R. 311 PARK PLACE BLVD., STE #400 CLEARWATER, FL 34619
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, CAROLYN M. 815 COLORADO AVE., STE 101 STUART FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 900001453979 -04/12/95--01020--021 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 4/11/95 MST
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Carolyn M Miller 3/28/95 (407) 286-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CAROLYN M. MILLER PRESIDENT

0340475 CF