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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G40505

(1)

1. Corporation Name

ARCH-HOLMES INSURANCE, INC.

Principal Place of Business

401 E. JACKSON ST.
STE 1700
TAMPA FL 33602
US

Mailing Address

P O BOX 1348
TAMPA FL 33601
US



3. Date Incorporated or Qualified
05/23/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENAFESTEY, LAUREL J.
401 E. JACKSON STREET
STE 1700
TAMPA FL 33602

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DCP

☐ DELETE

NAME

BROWN, J. HYATT

STREET ADDRESS

220 S. RIDGEWOOD AVE

CITY-ST-ZIP

DAYTONA BCH FL

TITLE

D

☐ DELETE

NAME

HENDERSON, JIM

STREET ADDRESS

220 S. RIDGEWOOD AVE

CITY-ST-ZIP

DAYTONA BCH FL

TITLE

D

☒ DELETE

NAME

GEER, BRUCE G.

STREET ADDRESS

401 E. JACKSON STREET, STE 1700

CITY-ST-ZIP

TAMPA FL

TITLE

EVP

☐ DELETE

NAME

RILEY, TOM

STREET ADDRESS

5900 N. ANDREWS AVE #900

CITY-ST-ZIP

FT. LAUDERDALE FL

TITLE

S

☐ DELETE

NAME

LENFESTEY, LAUREL J.

STREET ADDRESS

401 E. JACKSON STREET, STE 1700

CITY-ST-ZIP

TAMPA FL

TITLE

T

☒ DELETE

NAME

YOUNG, TIMOTHY L.

STREET ADDRESS

220 S. RIDGEWOOD AVE

CITY-ST-ZIP

DAYTONA BCH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

813-222-4277

Daytime Phone #

CR2E034 (12/95)