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FILED
May 15 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 # 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 33601-1348
US

3. Date Incorporated or Qualified

05/23/1983

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2422977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

10. Name and Address of New Registered Agent

81 Name Laurel L. Grammig

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

Laurel L. Grammig

(NOTE: Registered Agent signature required when reinstating)

3/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP ☐ DELETE

NAME BROWN, J. HYATT
STREET ADDRESS 220 S. RIDGEWOOD AVE
CITY-ST-ZIP DAYTONA BCH FL

TITLE T ☐ DELETE

NAME HENDERSON, JIM
STREET ADDRESS 220 S. RIDGEWOOD AVE
CITY-ST-ZIP DAYTONA BCH FL

TITLE EVP ☐ DELETE

NAME RILEY, TOM
STREET ADDRESS 5900 N. ANDREWS AVE #800
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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 *Laurel L. Grammig*

Laurel L. Grammig 3/28/97 813-222-4277

CR2E034 (9/96)