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 MAY -1 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H14050** **(9)**

1. Corporation Name
HARVEST & HBJ INSURANCE, INC.

Principal Place of Business	Mailing Address
ATTN: TAX DEPT 6277 SEA HARBOR DR ORLANDO FL 32887 US	ATTN: TAX DEPT 5TH FLR 6277 SEA HARBOR DR ORLANDO FL 32887 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1984
3a. Date of Last Report: 03/22/1994

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: 59-2440726 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	Chairman	☐ Change ☐ Addition
NAME	DAWSON, FREDERICK M.	12 NAME	Patrick E. Welch	
STREET ADDRESS	6277 SEA HARBOR DR	13 STREET ADDRESS	601 Union Street	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Seattle WA 98101-2336	
TITLE	VS	21 TITLE		☐ Change ☐ Addition
NAME	WORTMAN, BETH	22 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	President	☐ Change ☐ Addition
NAME	SMITH, ROBERT A.	32 NAME	Richard K. Larson	
STREET ADDRESS	27 BOYLSTON ST.	33 STREET ADDRESS	6277 Sea Harbor Drive	
CITY-ST-ZIP	CHESTNUT HILL MA	34 CITY-ST-ZIP	Orlando FL 32887	
TITLE	VD	41 TITLE	Senior Vice President	☐ Change ☐ Addition
NAME	COOK, JOHN R.	42 NAME	Victor C. Moses	
STREET ADDRESS	27 BOYLSTON ST	43 STREET ADDRESS	601 Union Street	
CITY-ST-ZIP	CHESTNUT HILL MA	44 CITY-ST-ZIP	Seattle WA 98101-2336	
TITLE	VT	51 TITLE		☐ Change ☐ Addition
NAME	MILLER, JR., CHARLES E.	52 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	Senior Vice President	☐ Change ☒ Addition
NAME		62 NAME	Geoffrey S. Stiff	
STREET ADDRESS		63 STREET ADDRESS	601 Union Street	
CITY-ST-ZIP		64 CITY-ST-ZIP	Seattle WA 98101-2336	

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: _____ 04/24/95 (407) 345-2368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard K. Larson