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

DOCUMENT # **H35156** **(9)**

1. Corporation Name
HARRIS -SMITH INSURANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:30

Principal Place of Business	Mailing Address
114 PALMETTO ST., UNIT 8 P.O. BOX 1010 DESTIN FL 32540-8010	114 PALMETTO ST., UNIT 8 P.O. BOX 1010 DESTIN FL 32540-1010 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1984	3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-2469657	☐ 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): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SMITH, FLORENCE C.
114 PALMETTO ST., PALMETTO PLACE #8
DESTIN FL 32541

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 the 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 of new registered agent, if changed) (Date) (Signature of new registered agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	V	1. Title	1. ☐ Change ☐ Addition
NAME	WINDES, CHARLES K., III	2. Name	
STREET ADDRESS	787 SPRING LAKE DRIVE	3. Street Address	
CITY-ST-ZIP	DESTIN FL	4. City-St-Zip	
TITLE	PST	5. Title	5. ☐ Change ☐ Addition
NAME	SMITH, FLORENCE C.	6. Name	
STREET ADDRESS	114 PALMETTO ST. UNIT 8	7. Street Address	
CITY-ST-ZIP	DESTIN FL	8. City-St-Zip	
TITLE	V	9. Title	9. ☐ Change ☐ Addition
NAME	WINDES, MELISSA ANNE	10. Name	
STREET ADDRESS	787 SPRING LAKE DRIVE	11. Street Address	
CITY-ST-ZIP	DESTIN FL	12. City-St-Zip	
TITLE		13. Title	13. ☐ Change ☐ Addition
NAME		14. Name	
STREET ADDRESS		15. Street Address	
CITY-ST-ZIP		16. City-St-Zip	
TITLE		17. Title	17. ☐ Change ☐ Addition
NAME		18. Name	
STREET ADDRESS		19. Street Address	
CITY-ST-ZIP		20. City-St-Zip	
TITLE		21. Title	21. ☐ Change ☐ Addition
NAME		22. Name	
STREET ADDRESS		23. Street Address	
CITY-ST-ZIP		24. City-St-Zip	

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: Florence C. Smith, President — 1/11/95 — 904-837-1777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Florence C. Smith

0470201 FP