

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H35156 (9)

1. Corporation Name

HARRIS -SMITH INSURANCE, INC.



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

3. Date Incorporated or Qualified

12/21/1984

3a. Date of Last Report

01/18/1995

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

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

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, type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

V

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

WINDES, CHARLES K., III

1.2 NAME

STREET ADDRESS

787 SPRING LAKE DRIVE

1.3 STREET ADDRESS

CITY-STATE-ZIP

DESTIN FL

1.4 CITY-STATE-ZIP

TITLE

PST

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

SMITH, FLORENCE C.

2.2 NAME

STREET ADDRESS

114 PALMETTO ST. UNIT 8

2.3 STREET ADDRESS

CITY-STATE-ZIP

DESTIN FL

2.4 CITY-STATE-ZIP

TITLE

V

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

WINDES, MELISSA ANNE

3.2 NAME

STREET ADDRESS

787 SPRING LAKE DRIVE

3.3 STREET ADDRESS

CITY-STATE-ZIP

DESTIN FL

3.4 CITY-STATE-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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)(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

DATE

Daytime Phone #

CR2E034 (12/95)