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CORPORATION ANNUAL REPORT



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

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1. Corporation	MENT # H364 HN INSURANCE AGENC		(2)						
Principal Place	of Business	Mailing A	Address				OR BANK BANK		DE DIBERBURA
1348 TIMBE P.O.BOX 12	RLANE RD.	1346 P.O. TALI	B TIMBERLANE F BOX 12759 LAHASSEE FL 3			Date Incorporated or Qualify	fied 3a.	Date of Last R	lenori
		U\$				01/03/1985		06/14/1	
2. Principal Pla	ce of Business	2a. Maili	ng Address			4. FEt Number	-		Applied For
21		26				59-2472717			Not Applicable
Suite, Apt. #	, etc.	<u> </u>	e, Apt. #, etc.			5. Certificate of Status Desired	d 🗖		Additional
22		27							Required
City & State		28	& State			 Election Campaign Financial Trust Fund Contribution 	ng 🗆	•	May Be
Zip	Country	Zip		Count	trv	8. This corporation has liability	v for intangib		
24	25	29		30	,	1	Yes N		100.00-1
	9. Name and Address of Cur	rent Registered	Agent			10. Name and Address of No	ew Register	red Agent	
				8	Name				
VAUGH	in, rod			8	2 Street Add	Iress (P.O. Box Number is Not Acce	eptable)		···-·
	imberlane RD.			L				 	
TALLAI	HASSEE FL 32312			٤	33				
				} <u> </u>	34 City			-L 85 Z	p Code
or registere	ed agent, or both, in the State of F	Iorida. Such char	nge was authoriz	es, the above	a pamed corpo	oration submits this statement for the ard of directors. I hereby accept the	e numose n	f changing its i	registered office d agent. I am
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