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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J03231

(4)

WILLIAM H. HADDER INSURANCE, INC.

FILED
May 02 1997 8:00am
Secretary of State



Poncipal Plan	ne of Business	Mailing Address					II GII SIBII BII	ili disil Elb	
WILLIAM H.	. Hadder Ive plaza dr., suite 3a	% WILLIAM H. HADDER 2401 EXECUTIVE PLAZA OR., SUITE 8A PENSACOLA FL 32504-8275							
	renonyour fe see	32304-02/3			03/11/1986 05/09			of Last Report 0/1996	
1	Place of Business	2a. Mailing Address	S			4. FEI Number 59-266 1999	~····		pplied For
Suite Apt	# effet	26 Suite, Apt. #, et	C			08-200 1888			lot Applicabl Additional
2		27				5. Certificate of Status Desired			Required
City & Stat	TO TO	City & State				6. Election Campaign Financing		\$5.00	May Be
<u>s</u>]		28				Trust Fund Contribution			to Fees
_Zip n	Country	Zιρ	}	ountry		8. This corporation has liability for in			s. 199.032,
1	25	[29]	30	·			Yes	-	
	9. Name and Address of Cui	rrent Hegistered Agent		Bi	Name	10. Name and Address of New Reg	ISTOREC A	gent	····
	DDER, WILLIAM H.				Name				
2401 EXECUTIVE PLAZA DR. SUITE 3A				82 Street Address (P.O. Box Number is Not Acceptable			e)		
	NSACOLA FL 32504			83					
				84	City			85 Zij	Code
				$\perp \perp$		poration submits this statement for the pution's board of directors. I hereby accept	_FL		
IGNATURE	be a decidence to a both functions	d agent and title Lappring like	/NOTE: Registe	red Agen	t signature requis	red when reinstalings	DATE		
	Styliation typed or parties name of registreer OFFICERS	***************************************			t signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTO	BS IN 12
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. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. I further certify that the information in deated 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 other or director of the perpora on 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 in the amplied or on an attachment with in address.

SIGNATURE

x 3/3

(904) 7500

Priorie ii