FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS Apr 30 1998 8:00am Secretary of State

FILED

DOCUMENT # J07461

HALCYON UNDERWRITERS, INC.

Principal Place	of Business	Mailing Address				IDIR DIDIR BEDIR DEDEL DIDIR 1805	
220 S. RIDGEWOOD AVENUE P. O. DRAWER 2412 DAYTONA BCH. FL 32115		_	220 S. RIDGEWOOD AVENUE P. O. DRAWER 2412 DAYTONA BCH. FL 32115				
					DO NOT WRITE IN THI	S SPACE	
US		US			 Date Incorporated or Qualified 04/03/1986 		
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2656392	Not Applicable	
Suite, Apt (Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State Cit		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		,	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	/	 This corporation owes or has paid the of 		
24	25		30		Personal Property Tax due June 30.	Yes No	
<u> </u>	g. Name and Address of Currer	it Hegistered Agent	81	Name	10. Name and Address of New Registers	a Agent	
	MMIG, LAUREL L.		"	name			
	E. JACKSON ST.		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	1700						
TAN	MPA FL 33802		83				
			84	City		85 Zip Code	
44 Purewant t	a the provisions of Sections £07.066	12 and 607 1508 Horida Statute	es the abov	e-parned co			
office or re	ogistered agent, or both, in the State	of Florida, Such change was a	authorized b	y the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered	
agent Lar	n familiar with, and accept the oblig	ations of, Section 607.0505, Fig.	orida Statute	S .			
SIGNATURE	Signature, typed or printed name of registered age	era and tile damen state (NOTE	Recestored Ac	ont signature req	guired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	BROWN, J. HYATT		1.2 NAME				
STREET ADORESS	220 S. RIDGEWOOD AVENUI	E	1.3 STREET	T ADORESS			
CITY-S1-ZIP	DAYTONA BEACH FL		1.4 CITY - 5	ST-ZIP			
TITLE		DELETE	2.1 T(TLE			☐ Change ☐ Addition	
NAME	HENDERSON, JIMMY WILSON	N	2.2 NAME				
STREET ADDRESS	220 S. RIDGEWOOD AVENUI	E	2.3 STREE	I ADORESS			
CITY - S1 - ZIP	DAYTONA BEACH FL		2 4 CITY -	ST-ZIP			
TITLE	VP	DELETE	3 1 TITLE			☐ Change ☐ Addition	
NAME	LYONS, PAUL		3.2 NAME				
STREET ADDRESS	2600 LAKE LUCIEN DR. STE	102	3.3 STREET	T ADDRESS			
CITY-S1-ZIP	MATILAND FL		3.4 CITY				
TITLE	\$	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	GRAMMIG, LAUREL L.		4. 2 NAME				
STREET ADDRESS	401 E. JACKSON ST., STE 1	700	4.3 STREE	ADDRESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY - 1				
TITLE	VPD	☐ DELETE	5.1 TITLE			Change Addition	
NAME	DOWNS, LINDA A		5.2 NAME				
STREET ADDRESS	2600 LAKE LUCIEN DR, SUIT	ľE 102	5 3 STREE	T ADDRESS			
CITY-ST-ZIP	MAITLAND FL		5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY - 5				
ALL ALER			0.7 0111		- 0 - C - 440 07/07/0 F(-24- Oct 4- 14-0)		

14. Thereby certify that the information supplied with this filing 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 suppliermental 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

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