

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90081 023 ***150.00

DOCUMENT # **J07461**

1. Corporation Name
HALCYON UNDERWRITERS, INC.

Principal Place of Business

220 S. RIDGEWOOD AVENUE
P. O. DRAWER 2412
DAYTONA BCH. FL 32115
US

Mailing Address

220 S. RIDGEWOOD AVENUE
P. O. DRAWER 2412
DAYTONA BCH. FL 32115
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1986

4. FEI Number

59-2656392

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAMMIG, LAUREL L.
401 E. JACKSON ST.
STE 1700
TAMPA FL 33602

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
BROWN, J. HYATT
STREET ADDRESS **220 S. RIDGEWOOD AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME **T**
HENDERSON, JIMMY WILSON
STREET ADDRESS **220 S. RIDGEWOOD AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME **VP**
LYONS, PAUL
STREET ADDRESS **2600 LAKE LUCIEN DR. STE 102**
CITY-ST-ZIP **MATILAND FL**

TITLE ☐ DELETE

NAME **S**
GRAMMIG, LAUREL L.
STREET ADDRESS **401 E. JACKSON ST., STE 1700**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **VPD**
DOWNS, LINDA A
STREET ADDRESS **2600 LAKE LUCIEN DR, SUITE 102**
CITY-ST-ZIP **MATILAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

Laurel L. Grammig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99 813-222-4277
Date Daytime Phone #

CR2E034 (11/98)