

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

**FILED**  
**Jul 22 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** L83397  
 1. Corporation Name  
Hugh Barndollar Insurance Services, Inc.

Principal Place of Business      Mailing Address

7622 Congress Street  
New Port Richey, FL 34653

2. Principal Place of Business	2a. Mailing Address
21 <u>7622 Congress Street</u>	26 <u>same</u>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <u>New Port Richey, FL</u>	28 <u> </u>
24 <u>34653</u> 25 <u>USA</u>	29 <u> </u> 30 <u> </u>

3. Date Incorporated or Qualified <u>6-7-90</u>	3a. Date of Last Report <u>1996</u>
4. F.E.I Number <u>59-3014098</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

HUGH O. BARNDOLLAR  
7622 CONGRESS ST.  
NEW FORT RICHEY, FL 34653

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<u>FL</u>
83 <u> </u>	<u> </u>
84 City	<u> </u>

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: Hugh Barndollar      Hugh Barndollar      president      6/8/97

Signature of officer or director of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**       DELETE

TITLE	<u>President</u>
NAME	<u>Hugh Barndollar</u>
STREET ADDRESS	<u>14719 Pointe Anne Drive</u>
CITY-ST-ZIP	<u>Odessa, FL 33556</u>
TITLE	<u>V.P.</u>
NAME	<u>Carol Barndollar</u>
STREET ADDRESS	<u>14719 Pointe Anne Drive</u>
CITY-ST-ZIP	<u>Odessa, FL 33556</u>
TITLE	<u> </u>
NAME	<u> </u>
STREET ADDRESS	<u> </u>
CITY-ST-ZIP	<u> </u>
TITLE	<u> </u>
NAME	<u> </u>
STREET ADDRESS	<u> </u>
CITY-ST-ZIP	<u> </u>
TITLE	<u> </u>
NAME	<u> </u>
STREET ADDRESS	<u> </u>
CITY-ST-ZIP	<u> </u>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**       Change       Addition

11 TITLE	<u> </u>
12 NAME	<u> </u>
13 STREET ADDRESS	<u> </u>
14 CITY-ST-ZIP	<u> </u>
21 TITLE	<u> </u>
22 NAME	<u> </u>
23 STREET ADDRESS	<u> </u>
24 CITY-ST-ZIP	<u> </u>
31 TITLE	<u> </u>
32 NAME	<u> </u>
33 STREET ADDRESS	<u> </u>
34 CITY-ST-ZIP	<u> </u>
41 TITLE	<u> </u>
42 NAME	<u> </u>
43 STREET ADDRESS	<u> </u>
44 CITY-ST-ZIP	<u> </u>
51 TITLE	<u> </u>
52 NAME	<u>400002244464</u>
53 STREET ADDRESS	<u>-07/22/97--01119--026</u>
54 CITY-ST-ZIP	<u>***500.00</u>
61 TITLE	<u> </u>
62 NAME	<u>700002244467</u>
63 STREET ADDRESS	<u>-07/22/97--01119--027</u>
64 CITY-ST-ZIP	<u>***500.00</u>

14. I do 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.

SIGNATURE: Hugh Barndollar      Hugh Barndollar      president      6/8/97      818-847-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)