

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M83662**

(0)

1. Corporation Name

AHS INSURANCE, INC.



Principal Place of Business

**18167 U.S. HWY. 19 N.
STE. 300
CLEARWATER FL 34624
US**

Mailing Address

**18167 U.S. HWY. 19 N.
SUITE #300
CLEARWATER FL 34624
US**

3. Date Incorporated or Qualified
05/27/1988

3a. Date of Last Report
04/25/1995

4. FEI Number

59-2884664

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCLAIN, MICHAEL A.
18167 U.S. HWY. 19 N.
STE. 300
CLEARWATER FL 34624**

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 the corporation

(If not the Registered Agent, signature required when hereafter)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HAWKINS, TERRELL V.
18167 U.S. HWY 19 N., STE. 300
CLEARWATER FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MCCLAIN, MICHAEL A.
18167 U.S. HWY. 19 N., STE. 300
CLEARWATER FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
O'NEAL, SHARON
18167 U.S. HWY. 19 N., STE. 300
CLEARWATER FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DC
MCCONNELL, JANE
6200 COURTNEY CAMPBELL CAUSEWAY #100
TAMPA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DST
DOOLEY, MICHAEL T
6200 COURTNEY CAMPBELL CAUSEWAY #100
TAMPA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
WATTS, HOWARD
3001 WEST DR. MARTIN LUTHER KING JR BLVD.
TAMPA FL**

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(813) 535-6868

CR2E034 (12/95)