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PROFIT CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUME	NT	#

M83662

(0)

AHS INSURANCE, INC.

Principal Place of Business	Mailing Address				
18167 U.S. HWY. 19 N. STE. 300	18167 U.S. HWY. 19 P SUITE #300 CLEARWATER FL 346				
CLEARWATER FL 34624 CLEARWAY US US			3. Date Incorporated or Qualified 05/27/1988	3a. Date of Last Rep 04/25/199	5
t. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 59-2884664	N	oplied For ot Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee R	Additional equired
City & State	Oity & State		6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip Country 4 25	Zip 29	Gountry 30		s 🔲 No	199.032,
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent	
		81 Name			
MCCLAIN, MICHAEL A. 18167 U.S. HWY. 19 N.		82 Street Add	ress (P.O. Box Number is Not Accepta	able)	<u></u>
STE. 300		83			
CLEARWATER FL 34624		84 City		65 Zip	Code
11. Pursuant to the provisions of Sections 607.0502				FL "	nintered office
Signature typed or cerbat race of nonseed agest	ra ditte miga Marce di	mile Bajeserad Age Esgratura reque	ADDITIONS/CHANGES TO OF	DATE CDICK OS AND DIRECTO	90 INL 10
12. OFFICERS AN		13.	AUDITIONS/CHANGES TO OF		
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TITLE D NAME HAWKINS, TERRELL V. 18167 U.S. HWY 19 N., STE	☐ DELETE	1 1 TILLE ; 2 NAME 1 3 STREET ADDRESS	ADUITONS/GRANDES TO OF		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(13)535-6868