

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000001311 (9)

1. Corporation Name

A HELPING HAND INSURANCE SERVICE, INC.

Principal Place of Business

POST OFFICE BOX 860211
ST. AUGUSTINE FL 32086-0211

Mailing Address

POST OFFICE BOX 860211
ST. AUGUSTINE FL 32086-0211



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/28/1992	03/30/1995
4. FEI Number	Applied For Not Applicable
59-3153288	
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDALL, LAURA J
U.S. 1 SOUTH
ST AUGUSTINE FL 32086-0211

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 32086-0211
83	
84 City	

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 *Laura J. Randall, President*

Signature, typed or printed name of registered agent, and title of agent

112011 Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	
NAME	RANDALL, LAURA J	2. NAME	
STREET ADDRESS	712 SEGOVIA RD	13. STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	14. CITY-ST-ZIP	
TITLE	DST	2. TITLE	DST
NAME	BRADDOCK, CARRIANNE	22. NAME	DEBORAH L. BENNETT
STREET ADDRESS	641 SEGOVIA RD	23. STREET ADDRESS	3235 KINGS RD.
CITY-ST-ZIP	ST AUGUSTINE FL	24. CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE		3. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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: *Laura J. Randall* Laura J. Randall, President 4/5/96 (904) 794-0430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)