

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1992

4. FEI Number

59-3153288

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ 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

RANDALL, LAURA J  
712 SEGOVIA ROAD  
ST. AUGUSTINE FL 32086

Address  
change only

10. Name and Address of New Registered Agent

81 Name

RANDALL, LAURA J.

82 Street Address (P.O. Box Number is Not Acceptable)

1008 WHITE HOUSE BLVD

83

84 City

ST. AUGUSTINE

FL

85 Zip Code

32095

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

LAURA J. RANDALL PP.  
(NOTE: Registered Agent signature required when reinstating)

3-27-98  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS RANDALL, LAURA J  
CITY-ST-ZIP 712 SEGOVIA RD  
ST. AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS BENNETT, DEBORAH L  
CITY-ST-ZIP 3235 KINGS RD.  
ST. AGUSTINE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1008 WHITE HOUSE BLVD  
ST. AUGUSTINE, FL 32095

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE *Laura J. Randall*

CR2E034 (10/97)