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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022127 (3)

JIM HAHN INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address

899 VANDERBILT BEACH RD. SUITE 117

899 VANDERBILT BEACH RD.

FILED Apr 08 1997 8:00am Secretary of State



TRAPLES FL 3396	N		NAPLES PL 34106-0734			3. Date Incorporated or Qualified 03/24/1993		te of Last R 5/1996	eport
2. Principal Pa	ace of Busi	ness	2a, Mailing Address	1		4. FEI Number		Ap	plied For
21 6713 Ca	kmont	Wah	26 6713 Oakor	iont Wa	Y	65-0404417		No	t Applicable
Suite, Apt #	F	0	Suite, Apt. #, etc.		O	5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State 23 Brade		. FL	City & State 28 Bradenton	- FL		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24 3420		Country USA 25 Hounds Co.	Zip 29 34202 3	Country USA			☐ Yes 🏖	√ No	. 199.032,
	9, Name	and Address of Current	Registered Agent			10. Name and Address of New Ro	gistered /	Agent	
HAHN 890 V SUITE NAPL	LT BEACH ROAD		81 Name Hahm, James E 82 Street Address (P.O. Box Number is Not Acceptable) 63 Oakmont Way 83						
				84 City3	rac	dertor	FL	85 Zip 34	202
11. Pursuant t office or re agent. Lar	o the provis egistered ay n familiar w	sions of Sections 607.0502 gent, or both, in the State (//th, and accept the obliga	and 607.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Florid	the shove named	ሲለተሰስ	ration submits this statement for the in's board of directors. I hereby acce	purpose of pt the app	changing it ointment as	s registered registered
SIGNATURE	Supplied to types	d or proced takes of registered agen	t and little if applicable (NOTE: I	Registered Agent signature	required		DATE		
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TILLÉ	PVD		DELETE	1.1 TITLE	60	me	•	Change	☐ Addition
NAME:	HAHN, J			1.2 NAME		_			
STREET ADDRESS		D'ERBILT BEACH RD., S	SUITE 117	1,3 STREET ADDRESS	6	113 Oakmort W	ay		
CHY+S1+ZIP	NAPLES	FL		1.4 CITY - ST-ZIP	B 1	adentat FL	342	<u>02</u>	
THEF	TS		☐ DELETE	2.1 TOTLE	6 0	me		Change	Addition Addition
NAME	HAHN, N			2.2 NAME	_	,			
STREET ADDRESS		DERBILT BEACH RD SI	JITE 117	2.3 STREET ADDRESS	67	113 Oakmont u	Day	_	
CITY+St-ZIP	NAPLES	FL		2. 4 CITY-ST-ZIP	BY	radonton Fr	<u>34</u>	202	
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NAME				3 2 NAME					
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City-St ZIP				3.4. CITY-ST-ZIP					
TITLE	•		DELETE	4.1 TITLE				Change	Addition
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STREET ADDRESS				4.3 STREET ADDRESS				•	
CITY-ST-ZIF				4.4 CITY - ST - ZIP					
TITLE			DELETE	5.1 T(TLE				Change	Addition
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',				5.3 STREET ADDRESS					
STREET ADDRESS									
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NAM:				6.2 NAME	}				
SPREET ADDRESS				63 STREET ADDRESS	İ				
C41Y-\$1+76*	· 			64 CITY-ST-ZIP	<u> </u>	in Continu 110 07/21/i). Elevido Statut			

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 officed 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:

EQUIRED