

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:01

DOCUMENT # P93000066118 (9)

1. Corporation Name

HEADLEY INSURANCE CORPORATION

Principal Place of Business

2933 S FLORIDA AVE
SUITE 5
LAKELAND FL 33803

Mailing Address

2933 S FLORIDA AVE
SUITE 5
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/22/1993
3a. Date of Last Report 04/12/1994

4. FEI Number 59-3200596
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEADLEY, GARY B
2933 S FLORIDA AVE
SUITE 5
LAKELAND FL 33803

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 title of application)

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HEADLEY, GARY B
STREET ADDRESS 2933 S FLORIDA AVE SUITE 5
CITY-STATE-ZIP LAKELAND FL 33803

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME HEADLEY, LAURA M
STREET ADDRESS 2933 S FLORIDA AVE SUITE 5
CITY-STATE-ZIP LAKELAND FL 33803

1.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.2 NAME ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

4.3 STREET ADDRESS ☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME ☐ Change ☐ Addition

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5.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
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CITY-STATE-ZIP

6.2 NAME ☐ Change ☐ Addition

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6.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SIGNATURE: *Laura M. Headley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/95 8136837411
DATE TIME