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04-27-1999 90177 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066084

1. Corporation Name

HUMPHREYS-VOORHEES INSURANCE, INC.

Principal Place of Business
2300 WINTER WOODS BLVD
WINTER PARK FL 32792

Mailing Address
2300 WINTER WOODS BLVD
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1995

4. FEI Number

59-3332053

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

VOORHEES, CLELAND Q
2302-A WINTER WOODS BLVD
WINTER PARK FL 32792

DELETE

10. Name and Address of New Registered Agent

81 Name HUMPHREYS, LARRY G.
82 Street Address (P.O. Box Number is Not Acceptable)
2300 WINTER WOODS BLVD.

83

84 City WINTER PARK

FL

85 Zip Code 32792

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: LARRY HUMPHREYS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME VOORHEES, CLELAND Q
STREET ADDRESS 2302-A WINTER WOODS BLVD
CITY-ST-ZIP WINTER PARK FL 32792 ☒ DELETE

TITLE D
NAME VOORHEES, MARILYN J
STREET ADDRESS 2302-A WINTER WOODS BLVD
CITY-ST-ZIP WINTER PARK FL 32792 ☒ DELETE

TITLE D
NAME HUMPHREYS, LARRY G
STREET ADDRESS 2300 WINTER WOODS BLVD
CITY-ST-ZIP WINTER PARK FL 32792 ☐ DELETE

TITLE D
NAME EATON, ALBERT C
STREET ADDRESS 1516 E. COLONIAL DR. STE100E
CITY-ST-ZIP ORLANDO FL ☒ DELETE

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PRESIDENT ☒ Change ☐ Addition
3.2 NAME HUMPHREYS, LARRY G.
3.3 STREET ADDRESS 2300 WINTER WOODS BLVD.
3.4 CITY-ST-ZIP WINTER PARK, FLORIDA 32792

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SECRETARY ☐ Change ☒ Addition
5.2 NAME HUMPHREYS, GLINDA
5.3 STREET ADDRESS 2300 WINTER WOODS BLVD.
5.4 CITY-ST-ZIP WINTER PARK, FLORIDA 32792

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY HUMPHREYS 4/23/99

Date

407-657-8079

Daytime Phone #

CR2E034 (11/98)