

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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000084719 (8)**

1. Corporation Name
H & M INSURANCE SERVICE, INC.

Principal Place of Business

9 COLLINGVILLE CT.
PALM COAST FL 32137

Mailing Address

9 COLLINGVILLE CT.
PALM COAST FL 32137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1997	
21	7 Florida Park Drive	26	P.O. Box 350984	4. FEI Number 59-3472167	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 Suite F		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Palm Coast, Florida		City & State 28 Palm Coast, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 32137	25	Country USA	29	32135-0984
30	Country USA				

g. Name and Address of Current Registered Agent

MAYO, HUGH J
9 COLLINGVILLE CT.
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81	Name Mayo, Hugh J.
82	Street Address (P.O. Box Number is Not Acceptable) 7 Florida Park Drive
83	Suite F
84	City Palm Coast
85	Zip Code FL 32137

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P
STREET ADDRESS		1.3 STREET ADDRESS	Hugh J. Mayo
CITY-ST-ZIP		1.4 CITY-ST-ZIP	7 Florida Park Drive, Suite F
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Palm Coast, Florida 32137
NAME		2.2 NAME	S
STREET ADDRESS		2.3 STREET ADDRESS	Margaret P. Mayo
CITY-ST-ZIP		2.4 CITY-ST-ZIP	7 Florida Park Drive, Suite F
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Palm Coast, Florida 32137
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Luis B. S. M... REQUIRED

2/12/98 (904) 446-9702

CR2E034 (10/97)