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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000084719 (8)

H & M INSURANCE SERVICE, INC.

FILED Feb 09 1998 8:00am Secretary of State



Suite F 27	Principal Place of Business		Mailing Address		-		
2. Principal Place of Business 21 7 Flortida Park Drive 22 Plo. Box 350984 4. Fil Number 32 Suite Provide Park Drive 32 Suite Provide	9 COLLINGVILLE CT.		9 COLLINGVILLE CT.				
2. Principal Place of Business 2a, Mailing Address 2a P. O. Box 350984 4. F.D. Humber 59-3472167 Not Applicable 25 17 P. O. Box 350984 59-3472167 Not Applicable 25 25 25 25 25 25 25 2	PALM COAST FL 321	37	PALM COAST FL 32137				
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23 Palm Coast, Florida 28 Palm Coast, Florida Trust Fund Contribution Added to Fees April 20 Added to Fees April 20 Added to Fees April 20 Addition April 20 A					6. Election Campaign Financing	\$5 00 May Be	
24 321.37		t, Florida		Florida			
24 32.3.7 25 USA 29 32.13.5—0984 30 USA Personal Property Tax due June 30. 1 %s 3 No. 3			_ '	Country	8. This corporation owes or has paid the cu	rrent year Intangible	
MAYO, HUGH J 9 COLLINGVILLE CT. PALM COAST FL 32137 Secret Address (P.O. Box Number is Not Acceptable)	24 32137	₂₅ USA	29 32135-0984	30 USA	·		
9 COLINGVILLE CT. PALM COAST FL 32137 82 Street Address (P. O. Box Number is Not Acceptable) 7 Florida Park Drive 83 Suite F 84 Claim Coast 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-manned corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes, the above-manned corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes 11. Pursuant to the provisions of Sections 607.0508, Florida Statutes, the above-manned corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes 13. The purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 12. NAME 13. THE PURPOSES 13. THIS PURPOSES 13. THIS PURPOSES 14. THIS PURPOSES 14. THIS PURPOSES 15. THIS PURPO	g, N	ame and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
PALM COAST FL 32137 Palm Coast Palm Coa							
Suite F Pal Clay	9 COLLIN	GVILLE CT.		92 Stroot Add	ross (P.O. Poy Number in Net Assessments)		
Suite F Pal Clay	PALM CO	AST FL 32137		7 Flo	rida Park Drive		
### Falm Coast F				83			
11. Pirsuant to the provisions of Sections 607,0502 and 607,1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature Signatu							
SIGNATURE				84 CHALM (Coast FL	_ 85 32137 Code	
SIGNATURE	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 heard of directors. I hereby accept the consistenced						
Signiful Property of promoted many of registrative depletables (NOTE Registration Agent signature recording when intenditing) DATE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature regulary when reinstation).						
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information		at the information eupplied with	this filling does not qualify to	6.4 CITY-ST-ZIP	Section 119 D7(3)(i) Closide Chabites (Limber -	artific that the information	

indicated on this annual report or supplied with the information indicated on this annual report or supplied mental 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:

(904) 446-9702 2/2/98