

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084719

1. Entity Name

H & M INSURANCE SERVICE, INC.

Principal Place of Business
7 FLORIDA PARK DR
STE F
PALM COAST FL 32137
US

Mailing Address
P O BOX 350984
PALM COAST FL 32135-0984
US

2. Principal Place of Business
7 Florida Park Drive

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number **59-3472167**

City & State Palm Coast, FL	City & State	Applied For
Zip 32137	Country USA	Not Applicable

6. Name and Address of Current Registered Agent

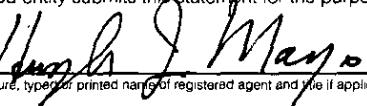
MAYO, HUGH J
7 FLORIDA PARK DR
STE F
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name **MAYO, Hugh J.**
Street Address (P.O. Box Number is Not Acceptable)
7 Florida Park Drive

City **Palm Coast** FL **32137**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 

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

(NOTE: Registered Agent signature required when reinstating.)

DATE **4-13-00**

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

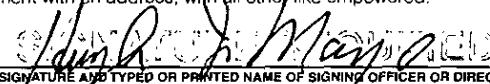
10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYO, HUGH J 7 FLORIDA PARK DR, STE F PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYO, HUGH J 7 Florida Park Drive Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYO, MARGARET P 7 FLORIDA PARK DR, STE F PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYO, MARGARET P. 7 Florida Park Drive Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

4-13-00

(904) 444-9702

Daytime Phone #

CR2E034 (9/99)