T01000000296

Requester's Name

Address

City/State/Zip Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -6 PM 4:01

500003798245--5
-05/04/01--01001--004
*****87.50 *****87.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

600003801836--6
-03/06/01--01037--004
*****87.50 *****87.50

1. Tower Hill (36) _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. ~~No Common~~ Same people except 1
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

NP

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

T01-296

**Examiner's Initials**

CR2E031(7/97)

# APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

**TO: Division of Corporations**
**Post Office Box 6327**
**Tallahassee, FL 32314**

**Name & address to whom acknowledgment should be sent:**

Jonathon B. Palmquist, General Counsel

P.O. Box 147018

Gainesville, Fl. 32614-7018

( 352 ) 333-1214
**Daytime Telephone number**

## PART I

1. (a) Applicant's name: Tower Hill Insurance Group, Inc.

(b) Applicant's business address: P.O. Box 147018

Gainesville, Fl. 32614-7018
City/State/Zip

(c) Applicant's telephone number: (352- )333-1214

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:

☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: 422421 ✓ (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-1461078

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)

Insurance services, namely, insurance policy management, administration and production, in the fields of property casualty and inland marine; insurance underwriting in the fields of property, casualty and inland marine; insurance claim processing, adjustment and administration; appraisals for claims of personal property; brokerage; insurance actuarial services; and insurance subrogation and salvage.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

All methods of identification and solicitation, such as, advertisements, brochures, labels, stationery and business cards.

(Continued)

d) The class(es) in which goods or services fall:

Class 36

## PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: June 28, 1995 (b) Date first used in Florida: June 28, 1995

## PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Tower Hill

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " N/A " APART FROM THE MARK AS SHOWN.

*I,* Jonathon B. Palmquist, Secretary *, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -6 PM 4:02

Tower Hill Insurance Group, Inc.
Typed or printed name of applicant

By: _____, Secretary
Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Alachua

On this 27th day of February, 2001, Jonathon B. Palmquist personally appeared before me,

☑ who is personally known to me ☐ whose identity I proved on the basis of _____.

_____
Notary Public Signature

(Seal) Donna L Sitkoff
My Commission CC892592
Expires December 05, 2003

Donna L. Sitkoff
Notary's Printed Name

My Commission Expires: _____

**FEE: $87.50 per class**

TOWER HILL
INSURANCE GROUP, INC.

**Donna L. Sitkoff**
*Associate Counsel*

Post Office Box 147018
Gainesville, FL 32614-7018

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352.333.1522
Fax 352.332.9033
Email dsitkoff@thig.com