FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V32945 (0)

1. Corporation Name
HCH INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1920 SO VERANO DR 105 HAINES CITY FL 33844 US	1920 SO VERANO DR 105 HAINES CITY FL 33844 US

3. Date Incorporated or Qualified: 04/29/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3119219 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 487 S. YONGE St.	26 P.O. BOX 667
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORMOND BEACH, FL	28 City & State: ORMOND BEACH FL
24 Zip: 32174 25 Country: US	29 Zip: 32175 30 Country: US

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRUME, LYNN P.
1920 S VERANO
SUITE 203
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name: JP HENTZEL
82 Street Address (P.O. Box Number is Not Acceptable): 487 S YONGE ST
83
84 City: ORMOND BEACH FL 85 Zip Code: 32174

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] Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE: 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRUME, LYNN P.
STREET ADDRESS	100 PINE FOREST LN
CITY-ST-ZIP	HAINES CITY FL
TITLE	D
NAME	HOLLYFIELD, SANDRA
STREET ADDRESS	1516 8 ST
CITY-ST-ZIP	BUSHNELL FL
TITLE	D
NAME	HENTZEL, JAMES
STREET ADDRESS	#7 TWELVE OAKS TR
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☒ Change ☐ Addition
1 2 NAME	DELETE LYNN P CRUME
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	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] James P. Hentzel 4/28/95 904/672-6910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310061 CP