

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # V32945 (0)**

1. Corporation Name

**HCH INSURANCE SERVICES, INC.**



Principal Place of Business

**487 S. YONGE ST.  
ORMOND BEACH FL 32174  
US**

Mailing Address

**PO BOX 667  
ORMOND BEACH FL 32175  
US**

2. Principal Place of Business

**21 533 North Nova Road**

**22 Suite, Apt. #, etc. 211**

**23 City & State Ormond Beach 32174**

**24 Zip 32174 25 Country Volusia**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip 29 Country**

3. Date Incorporated or Qualified  
**04/29/1992**

3a. Date of Last Report  
**05/01/1995**

4. FET Number

**59-3119219**

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**HENTZEL, J.P.  
487 S. YONGE ST.  
ORMOND BEACH FL 32174**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**85 Zip Code**

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 of Registered Agent (Print Name, Title, and Address)

Signature of Registered Agent's Representative (Print Name, Title, and Address)

Date:

12. OFFICERS AND DIRECTORS

**TITLE D** ☐ DELETE  
**NAME HOLLYFIELD, SANDRA**  
**STREET ADDRESS 1516 8 ST**  
**CITY-ST-ZIP BUSHNELL FL**

**TITLE D** ☐ DELETE  
**NAME HENTZEL, JAMES**  
**STREET ADDRESS #7 TWELVE OAKS TR**  
**CITY-ST-ZIP ORMOND BEACH FL**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE** ☐ Change ☐ Addition

**12 NAME**

**13 STREET ADDRESS**

**14 CITY-ST-ZIP**

**21 TITLE** ☐ Change ☐ Addition

**22 NAME**

**23 STREET ADDRESS**

**24 CITY-ST-ZIP**

**31 TITLE** ☐ Change ☐ Addition

**32 NAME**

**33 STREET ADDRESS**

**34 CITY-ST-ZIP**

**41 TITLE** ☐ Change ☐ Addition

**42 NAME**

**43 STREET ADDRESS**

**44 CITY-ST-ZIP**

**51 TITLE** ☐ Change ☐ Addition

**52 NAME**

**53 STREET ADDRESS**

**54 CITY-ST-ZIP**

**61 TITLE** ☐ Change ☐ Addition

**62 NAME**

**63 STREET ADDRESS**

**64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature Photo:

CR2E034 (12/95)