

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V32945** (0)
1. Corporation Name
HCH INSURANCE SERVICES, INC.



Principal Place of Business 533 NORTH NOVA ROAD 211 ORMOND BEACH FL 32174 US	Mailing Address PO BOX 667 ORMOND BEACH FL 32175 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1992	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3119219		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HENTZEL, J.P. 487 S. YONGE ST. ORMOND BEACH FL 32174		10. Name and Address of New Registered Agent	
		81. Name	JAMES P. HENTZEL
		82. Street Address (P.O. Box Number is Not Acceptable)	7 TWELVE OAKS TRAIL
		83. City	ORMOND BEACH
		84. State	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12. NAME	DIRECTOR
STREET ADDRESS		13. STREET ADDRESS	SHERY HENTZEL
CITY-ST-ZIP		14. CITY-ST-ZIP	7 TWELVE OAKS TRAIL
			ORMOND BEACH, FL 32174
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	DIRECTOR
STREET ADDRESS		23. STREET ADDRESS	SANDRA HOLYFIELD
CITY-ST-ZIP		24. CITY-ST-ZIP	4 WINCHESTER PLACE
			PALM COAST, FL 32164
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	DIRECTOR
STREET ADDRESS		33. STREET ADDRESS	O.C. HOLYFIELD, JR.
CITY-ST-ZIP		34. CITY-ST-ZIP	4 WINCHESTER PLACE
			PALM COAST, FL 32164
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. 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 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: *Jonathan Scott / Treasurer* 4/27/98 (904) 672-6990

CR2E034 (10/97)