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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90004 049 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

TITLE

NAME

STREET ADDRESS

DOCUMENT # V65476

HOCKMAN LACKEY INSURANCE, INC.

Principal Place of Business 3750 GUNN HIGHWAY SUITE 3-A		Mailing Address					}				
		3750 GUNN									
		SUITE 3-A					DO NOT WRITE IN THIS SPACE			. •	
TAMPA FL 33624		TAMPA FL	33624				3. Date incorporated or C	ualifed			
							09/22/1992			•	
	L f D ciacaa	2a. Mailing	Address				4. FEI Number		App	lied For	μ»
2. Principal Pi	lace of Business	26	Addicas				59-3143087		Not	Applicable	2261982
21	# ata		Apt. #, etc.						\$8.75 Ac	dditional	
Suite, Apt.	#, etc.	⊢	27				5. Certifcate of Status De	sired 🔲	Fee Req	uired	
City & State	•		City & State				6. Election Campaign Fin	ancing.	\$5.00 h	vlay Be	
¬ ′	•	28		•			Trust Fund Contributio	n	Added_to	Fees	
23 Zip	Country	Zip		Соц	intry		8. This corporation owes	the current year Ir	ntangible		
24				30			Personal Property Tax			□No	
24	9. Name and Address of Curre		gent				10. Name and Address of	f New Registered	I Agent		
			-		81	Name		•			
HOCKMAN, RONALD S.					82	Street Add	Idress (P.O. Box Number is Not Acceptable)				
3750	GUNN HWY., SUITE 3A	-				0.0017.00			<u></u>	-15 512 (135)	
TAM	IPA FL 33624				83						
					84	City	*************	1 (1997) 1994 1994 1994 1994 1994 1994 1994 199	85 Zip C	odě	
					1 -	- ,	· ·	FI	Lili	j	
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508	3, Florida Statu	tes, the a	bove	-named corp	poration submits this statemen	t for the purpose of	of changing its r	registered	
	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obligi						on's board of directors. I here	у ассері ш е аррі	Jillillent as reg	13.0.00	
=	im tamiliar with, and accept the obligi	ations or, ocolor	1 001.0000,								
SIGNATURE	Signature, typed or printed name of registered ag-	ant and title if applicable	e. (NOT	É: Registered	Agent	signature require	ed when reinstating)	DATE			á
12.	OFFICERS A	ND DIRECTORS	3	13.			ADDITIONS/CHANGES	TO OFFICERS			1,4
TITLE	PST		☐ DELETE	1.1 T	ITLE	Ì	12 3 M 1 3 M 1 3 M		Change	Addition	1.5
NAME	HOCKMAN, RONALD S.			1.2 N	AME						3
STREET ADDRESS				1.3 S	TREET	ADDRESS					ן נְ
CITY-ST-ZIP	TAMPA FL			. 1.4 C	ITY-ST	-ZIP				- Addition	ļè
TITLE	D		☐ DELETE	2.1 T	MLE				☐ Change	Addition	
NAME	HOCKMAN, RONALD S.			22 N	AME						
STREET ADDRESS				4							1
CITY-ST-ZIP				2.3 S	TREET	ADDRESS				1	
TITLE	I TAMPA FL				TREET						-
. ′	TAMPA FL		☐ D€LETE		CITY-\$1		. ,		☐ Change	. Addition	
NAME	TAMPA FL		DELETE	2. 4 (3.1 T	CITY-\$1		. ,		☐ Change	Addition	
NAME STREET ADDRESS			☐ D€LETE	2. 4 (3.1 T 3.2 N	CITY-SI TILE JAME			- 14: 1: 5.288118181	Change	Addition	
STREET ADDRESS			DELETE	2.4 (3.1 T 3.2 N 3.3 S	CITY-SI TILE JAME	T-ZIP ADDRESS		- 1			34
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STREET ADDRESS CITY-ST-ZIP TITLE				2.40 3.1 T 3.2 N 3.3 S 3.4.0 4.1 T	CITY-ST TILE HAME STREET CITY-ST	T-ZIP ADDRESS					34
STREET ADDRESS CITY-ST-ZIP TITLE NAME				2.40 3.1 T 3.2 N 3.3 S 3.4.0 4.1 T 4.21	CITY-ST ITLE LAME TREET CITY-ST ITLE NAME	T-ZIP ADDRESS	\$ (\$) }				34
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.40 3.1 T 3.2 N 3.3 S 3.4.0 4.1 T 4.2 I	CITY-ST ITLE LAME TREET CITY-ST ITLE NAME	ADDRESS T. ZIP	\$		Change	Addition	244
STREET ADDRESS CITY-ST-ZIP TITLE NAME				2.40 3.1 T 3.2 N 3.3 S 3.4.0 4.1 T 4.2 I 4.3 S 4.4 O	ITLE IAME TREET CITY-ST TILE NAME	ADDRESS T. ZIP					244
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.44 3.1 T 3.2 N 3.3 S 3.4.0 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N	CITY-SI ITLE IAME STREET ITLE NAME STREET CITY-SI ITLE NAME	ADDRESS T. ZIP			Change	Addition	240
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.40 3.1 T 3.2 N 3.3 S 3.4.0 4.1 T 4.21 4.3 S 4.4 G 5.1 T 5.2 N 5.3 S 5.4 O	CITY-SI ITLE IAME STREET ITLE NAME STREET CITY-SI ITLE NAME	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	Addition	

☐ DELETE

6.2 NAME

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP