

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 155640

Entity Name: HILES-MCLEOD INSURANCE, INC.

Current Principal Place of Business:

1900 N. 9TH AVE (9TH & LAKEVIEW)
BOX 2747
PENSACOLA, FL 32503

Current Mailing Address:

1900 N. 9TH AVE (9TH & LAKEVIEW)
BOX 2747
PENSACOLA, FL 32503

FEI Number: 59-0587161

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDDINS, MICHAEL G
1900 NORTH 9TH AVENUE
PENSACOLA, FL 32503 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	PATE, CHRIS	Name	EDDINS, MICHAEL G
Address	1720 E AVERY ST	Address	2410 HALLMARK DRIVE
City-State-Zip:	PENSACOLA FL	City-State-Zip:	PENSACOLA FL 32503

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL G. EDDINS

OWNER

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date