

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 9:57

DOCUMENT # 320728 (9)

1. Corporation Name
HAGAR - BRANNEN INSURANCE INC

Principal Place of Business Mailing Address
**950 WEST MAIN STREET 950 WEST MAIN STREET
INVERNESS FL 32650 INVERNESS FL 32650**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/06/1967** 3a. Date of Last Report **03/04/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **59-1567162** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **34450** 25 29 **34450** 30

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HAGAR, THOMAS L.
W. ZEPHYR ST.
INVERNESS FL 32650**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
808 W. Zephyr St.
83
84 City **FL 85 Zip Code 34451**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAR, THOMAS L.	1.2 NAME	
STREET ADDRESS	W. ZEPHYR ST.	1.3 STREET ADDRESS	808 W. Zephyr St
CITY - ST - ZIP	INVERNESS FL	1.4 CITY - ST - ZIP	zip 34451
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAR, MARGARET	2.2 NAME	
STREET ADDRESS	W. ZEPHYR ST.	2.3 STREET ADDRESS	808 W. Zephyr St.
CITY - ST - ZIP	INVERNESS FL	2.4 CITY - ST - ZIP	zip 34451
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAR, THOMAS ANDREW	3.2 NAME	
STREET ADDRESS	W ZEPHYR ST	3.3 STREET ADDRESS	808 W. Zephyr St.
CITY - ST - ZIP	INVERNESS, FL 00000	3.4 CITY - ST - ZIP	34451
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAR, GREGORY BRANNEN	4.2 NAME	
STREET ADDRESS	W ZEPHYR ST	4.3 STREET ADDRESS	907 Great Pine Pt.
CITY - ST - ZIP	INVERNESS, FL 00000	4.4 CITY - ST - ZIP	INVERNESS, FL 34452
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(1)(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: *Thomas L. Hagar, Pres. Sec.* **2/6/95** **904-726-1691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)