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Jan 29, 1999 8:00am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-29-1999 90006 046 ****150.00

DOCUMENT # 320728

1. Corporation Name
HAGAR - BRANNEN INSURANCE INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 950 WEST MAIN STREET, INVERNESS FL 34450, US
Mailing Address: 950 WEST MAIN STREET, INVERNESS FL 34450, US

2. Principal Place of Business (21-23) and Mailing Address (2a-23) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/06/1967
4. FEI Number: 59-1567162
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 owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent: HAGAR, THOMAS L., 808 W ZEPHYR ST, INVERNESS FL 34451

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Table 12: OFFICERS AND DIRECTORS. Columns for Title, Name, Street Address, City-ST-ZIP. Rows include PST HAGAR, THOMAS L.; VD HAGAR, MARGARET; VD HAGAR, THOMAS ANDREW; VD HAGAR, GREGORY BRANNEN.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns for Title, Name, Street Address, City-ST-ZIP. Rows 1.1-6.4.

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.

SIGNATURE: [Handwritten Signature] DATE: 1/12/99 (352) 726-1691

CR2E034 (11/98)