# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2012**
**Secretary of State**

DOCUMENT# F04000003615

**Entity Name:** FISHER BROWN BOTTRELL INSURANCE, INC.

**Current Principal Place of Business:**

248 EAST CAPITOL STREET
SUITE 1200
JACKSON, MS 39201

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1490
JACKSON, MS 39215

**New Mailing Address:**

**FEI Number: 64-0887176** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: 05/01/2012
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: WOODS, C. SCOTT II
Address: 248 E. CAPITOL STREET, SUITE 1200
City-St-Zip: JACKSON, MS 39201

Title: SD
Name: COLLIER, T. HARRIS III
Address: 248 E. CAPITOL STREET
City-St-Zip: JACKSON, MS 39201

Title: TD
Name: ROGERS, JONATHAN T
Address: 248 E. CAPITOL STREET
City-St-Zip: JACKSON, MS 39201

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: MELISSA M. JONES FVP 05/01/2012
Electronic Signature of Signing Officer or Director — Date