

FD4 000003615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

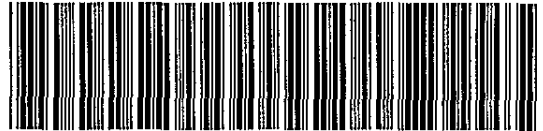
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FD4-3615
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Bottrell Insurance Agency, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

T. Harris Collier, III

(Name of Person)

Trustmark National Bank

(Firm/Company)

P. O. Box 291

(Address)

Jackson, MS 39205

(City/State and Zip code)

For further information concerning this matter, please call:

T. Harris Collier, III

(Name of Person)

at (601) 208-5088

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

FILED
JUL 16 PM 1:37
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. The Bottrell Insurance Agency, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi

(State or country under the law of which it is incorporated)

3. 64-0887176

(FEI number, if applicable)

4. 05-02-1997

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 700 North State Street, Suite 400, Jackson MS 39202

(Principal office address)

P. O. Box 1490, Jackson, MS 39215

(Current mailing address)

8. Insurance sales

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: **John D. Sumrall**

Office Address: **4460 Legendary Drive, Suite 350**

Destin

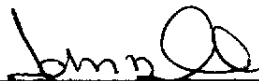
(City)

, Florida **32541**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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CLERK OF THE
STATE
TALLAHASSEE, FLORIDA
JUN 16 PM 1:37

A. DIRECTORS

Page 1 of 3

Chairman: **Scott Woods**

Address: **P. O. Box 1490, Suite 400**

Jackson, MS 39215

Vice Chairman: **None**

Address:

Director: **Jerry Veazey**

Address: **P. O. Box 1490, Suite 400**

Jackson, MS 39205

Director: **T. Harris Collier, III (and Board Secretary)**

Address: **P. O. Box 291**

Jackson, MS 39205

B. OFFICERS

President: **Jerry Veazey**

Address: **P. O. Box 1490, Suite 400**

Jackson, MS 39215

Vice President: **First Vice President & COO: Eric Donahoe**

Address: **P. O. Box 1490, Suite 400**

Jackson, MS 39215

Secretary: **First Vice President & Secretary: Jim Armstrong**

Address: **P. O. Box 1490, Suite 400, Jackson, MS 39215**

Treasurer: **First Vice President & Treasurer: Ray Dixon**

Address: **P. O. Box 1490, Suite 400, Jackson, MS 39215**

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *T. Harris Collier, III*
(Signature of Director or Officer listed in number 12 of the application)

14. **T. Harris Collier, III**
(Typed or printed name and capacity of person signing application)

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JAN 11 2011
CLERK OF THE FLORIDA
SOLICITOR GENERAL'S
OFFICE

A. DIRECTORS

Page 2 of 3

Chairman: _____

Address: _____

Vice Chairman: **None**

Address: _____

Director: **Ray Dixon**

Address: **P. O. Box 1490, Suite 400**

Jackson, MS 39205

Director: **Duane Dewey**

Address: **P. O. Box 291**

Jackson, MS 39205

B. OFFICERS

President: _____

Address: _____

~~Vice President:~~ **First Vice President: Lee Joyner**

Address: **P. O. Box 1490, Suite 400**

Jackson, MS 39215

~~Secretary:~~ **First Vice President: Gene Horner**

Address: **P. O. Box 1490, Suite 400, Jackson, MS 39215**

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. T. Harris Collier, III

(Signature of Director or Officer listed in number 12 of the application)

14. T. Harris Collier, III

(Typed or printed name and capacity of person signing application)

FILED
CLERK OF DISTRICT COURT
JAN 11 1987
JACKSON, MISSISSIPPI

A. DIRECTORS

Page 3 of 3

Chairman: _____

Address: _____

Vice Chairman: **None**

Address: _____

Director: **Eric Donahoe**

Address: **P. O. Box 1490, Suite 400**

Jackson, MS 39205

Director: **George Gunn**

Address: **P. O. Box 291**

Jackson, MS 39205

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. T. Harris Collier, III

(Signature of Director or Officer listed in number 12 of the application)

14. **T. Harris Collier, III**

(Typed or printed name and capacity of person signing application)

FILED
SEP 11 10 11:27
TALLAHASSEE, FLORIDA

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 2, 1997, the State of Mississippi issued a Charter/Certificate of Authority to:

THE BOTTRELL INSURANCE AGENCY, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
June 17, 2004

ERIC CLARK
Secretary of State