

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126315

Entity Name: MERRILL-HANCOCK & TURNER INSURANCE, INC.

Current Principal Place of Business:

1301 ST JOHNS AVENUE
PALATKA, FL 32177

Current Mailing Address:

POST OFFICE BOX 460
PALATKA, FL 32178

FEI Number: 20-3486267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TURNER, LAURA L
455 EAST END ROAD
SAN MATEO, FL 32187 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 PSTD
Name TURNER, LAURA L
Address 455 EAST END ROAD
City-State-Zip: SAN MATEO FL 32187

Title D, VP
Name LAURIE, ROBERT M
Address 620 EAST SWANSON ST
City-State-Zip: GOVELAND FL 34736

Title DIRECTOR
Name LAURIE, WILLIAM J
Address 505 MAGNOLIA AVE
City-State-Zip: CRESCENT CITY FL 32112

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: LAURA L TURNER

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date