2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2017
Secretary of State
CC9364612455

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Entity Name: BRAD BURNS INSURANCE, INC.

Current Principal Place of Business:

2069 N MONROE ST.
TALLAHASSEE, FL 32303

Current Mailing Address:

PO BOX 3745
TALLAHASSEE, FL 32315 US

FEI Number: 26-0405007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, WILLIAM B
2514 LAGRANGE TR.
TALLAHASSEE, FL 32312 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	P	Title	S
Name	BURNS, WILLIAM B	Name	BURNS, WILLIAM B
Address	2514 LAGRANGE TR	Address	2514 LAGRANGE TR.
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312
Title	VP	Title	VP
Name	HOHMAN, JOHN A	Name	MUGGLIN, CRAIG A
Address	2827 ROYAL ISLE DR	Address	5153 GRANDVIEW COURT
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32301

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: JOHN HOHMAN VP 01/09/2017

Electronic Signature of Signing Officer/Director Detail — Date