

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072995

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
Name BURNS, WILLIAM B
Address 2514 LAGRANGE TR
City-State-Zip: TALLAHASSEE FL 32312

Title S
Name BURNS, WILLIAM B
Address 2514 LAGRANGE TR.
City-State-Zip: TALLAHASSEE FL 32312

Title VP
Name HOHMAN, JOHN A
Address 3047 KILLEARN POINT CT.
City-State-Zip: TALLAHASSEE FL 32312

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 A HOHMAN

VP

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date