2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002609

Entity Name: GOODWYN MILLS & CAWOOD, INC.

Current Principal Place of Business:

2660 EASTCHASE LANE

SUITE 200

MONTGOMERY, AL 36117

Current Mailing Address:

PO BOX 242128

MONTGOMERY, AL 36124

FEI Number: 63-0906620 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, WILLIAM E 392 WALTON ROSE LANE PANAMA CITY, FL 32413 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

FILED Feb 15, 2013

Secretary of State

CC9924097004

Officer/Director Detail:

CP Title Title VCT

REED. DAVID B Name CAWOOD, STEVE Name

Address 9731 WYNCHASE CIRCLE Address 3707 FREEMAN COURT City-State-Zip: MONTGOMERY AL 36109 City-State-Zip: MONTGOMERY AL 36117

Title VΡ Title DS

Name CLAYTON, KIRKLAND E Name WALLACE, WILLIAM E

Address 2127 NORTH HICKORY STREET Address PO BOX 242128

LOXLEY AL 36551 City-State-Zip: City-State-Zip: MONTGOMERY AL 36124

Title Title

Name BREWER, JEFFREY Name THACKSTON, GALEN Address PO BOX 242128 Address PO BOX 242128

City-State-Zip: MONTGOMERY AL 36124 City-State-Zip: MONTGOMERY AL 36124

Title ٧/P Title **REGIONAL VP**

Name BUTLER, SARA Name FAULKNER, CHARLES

Address 3343 PERIMETER HILL DRIVE Address 7 TOWN CENTER DRIVE NW

SUITE 102

City-State-Zip: HUNTSVILLE AL 35801 City-State-Zip: NASHVILLE TN 37211

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: WILLIAM E. WALLACE

DS

02/15/2013