

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003615

**Entity Name:** FISHER BROWN BOTTRELL INSURANCE, INC.

**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**2351072504CC**

**Current Principal Place of Business:**

248 EAST CAPITOL STREET  
SUITE 420  
JACKSON, MS 39201

**Current Mailing Address:**

248 EAST CAPITOL STREET  
SUITE 420  
JACKSON, MS 39201 US

**FEI Number: 64-0887176**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, DIRECTOR  
Name            WOODS, C. SCOTT II  
Address        248 EAST CAPITOL STREET  
                  SUITE 420  
City-State-Zip: JACKSON MS 39201

Title            TREASURER, DIRECTOR  
Name            ROGERS, JONATHAN  
Address        248 EAST CAPITOL STREET  
                  SUITE 420  
City-State-Zip: JACKSON MS 39201

Title            SECRETARY, DIRECTOR  
Name            TATE, GRANVILLE JR.  
Address        248 EAST CAPITOL STREET  
                  SUITE 420  
City-State-Zip: JACKSON MS 39201

Title            DIRECTOR  
Name            HAHN, ROBERT  
Address        248 EAST CAPITOL STREET  
                  SUITE 420  
City-State-Zip: JACKSON MS 39201

Title            DIRECTOR  
Name            ELFERT, ROGER L.  
Address        248 EAST CAPITOL STREET  
                  SUITE 420  
City-State-Zip: JACKSON MS 39201

Title            DIRECTOR  
Name            RAINS, PARKER M.  
Address        248 EAST CAPITOL STREET  
                  SUITE 420  
City-State-Zip: JACKSON MS 39201

Title            DIRECTOR  
Name            CANNADA, MEAGAN J.  
Address        248 EAST CAPITOL STREET  
                  SUITE 420  
City-State-Zip: JACKSON MS 39201

*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: GRANVILLE TATE JR.**

**SECRETARY**

**01/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date