

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003615

Entity Name: FISHER BROWN BOTTRELL INSURANCE, INC.**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	DEWEY, DUANE
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	DONAHOE, ERIC
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****04/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date