

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003615

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

**Current Principal Place of Business:**

248 EAST CAPITOL STREET  
SUITE 1200  
JACKSON, MS 39201

**Current Mailing Address:**

248 EAST CAPITOL STREET  
SUITE 1200  
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  
Name            WOODS , C. SCOTT II  
Address        248 EAST CAPITOL STREET  
                 SUITE 1200  
City-State-Zip: JACKSON MS 39201

Title            SECRETARY  
Name            COLLIER, T. HARRIS III  
Address        248 EAST CAPITOL STREET  
                 SUITE 1200  
City-State-Zip: JACKSON MS 39201

Title            TREASURER, DIRECTOR  
Name            ROGERS, JONATHAN  
Address        248 EAST CAPITOL STREET  
                 SUITE 1200  
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:** T. HARRIS COLLIER III

**SECRETARY**

**05/01/2014**

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

\_\_\_\_\_  
Date