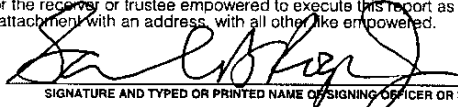


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90025 001 ***132.00
07-13-2005 90025 002 ****18.00

DOCUMENT # 240124 1. Entity Name ROGERS, GUNTER, VAUGHN INSURANCE, INC.					
Principal Place of Business 1117 THOMASVILLE RD PO BOX 12099 TALLAHASSEE, FL 32317			Mailing Address PO BOX 12099 TALLAHASSEE, FL 32317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0912250	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROGERS, SAMUEL B JR 1117 THOMASVILLE RD TALLAHASSEE, FL 32303				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHN, KEVIN 9025 GLEN EAGLE WAY TALLAHASSEE, FL 32312	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ROGER, S B SR 3710 GALWAY DR TALLAHASSEE, FL 32312	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO ROGERS, SAMUEL B., JR. 1741 MARSTON PL TALLAHASSEE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO GUNTER, WILLIAM 1117 SAVANNAH TRACE TALLAHASSEE, FL 32312	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD FOREHAND, HARRY B. J 902 GOLFVIEW AVE TAMPA, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GARTER, BART 3449 MAHONEY DR. TALLAHASSEE, FL 32309	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BR Vaughn, Ira Rod Tallahassee, FL				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  7/8/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					