

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 253118

FILED
Feb 22, 2011
Secretary of State

Entity Name: FLORIDA FARM BUREAU INSURANCE AGENCY, INC.

Current Principal Place of Business:

5700 SW 34TH ST
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

PO BOX 147030
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 59-1033658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRABOW, STEPEHEN T
5700 SW 34TH STREET
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HOBLOCK, JOHN L
Address: 5700 SW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VP
Name: SCHIRARD, BRANT
Address: 1860 PULITZER ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: SD
Name: BYRD, MARK A
Address: 8286 STONE ROAD
City-St-Zip: APOPKA, FL 32703

Title: TD
Name: VERMILLION, JEFF
Address: 2951 E. HWY 318
City-St-Zip: CITRA, FL 32113

Title: AST
Name: COCKRELL, PATRICK M
Address: 5700 SW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: WETHERINGTON, RON
Address: 2015 S. WOOTEN ROAD
City-St-Zip: DOVER, FL 33527

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: WM. PATRICK COCKRELL

RES

02/22/2011

Electronic Signature of Signing Officer or Director

Date