2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2012
Secretary of State

DOCUMENT# 271612

Entity Name: LOCKLIN INSURANCE AGENCY INC

Current Principal Place of Business:

5388 STEWART ST
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 777
MILTON, FL 325720777 US

New Mailing Address:

FEI Number: 59-1022239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOCKLIN ROBERT H
5740 NORTHROP RD.
MILTON, FL 32570 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: V
Name: LOCKLIN, RHONDA W
Address: 5740 NORTHROP ROAD
City-St-Zip: MILTON, FL

Title: P
Name: LOCKLIN, ROBERT H
Address: 5740 NORTHROP ROAD
City-St-Zip: MILTON, FL

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: ROBERT H LOCKLIN PRES 02/01/2012

Electronic Signature of Signing Officer or Director — Date