

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 292103

FILED
Feb 04, 2011
Secretary of State

Entity Name: HEACOCK INSURANCE GROUP, INC.

Current Principal Place of Business:

1105 US HWY 27 N
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7788
SEBRING, FL 338720114

New Mailing Address:

FEI Number: 59-1119588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVENIERE, JAMES W
1105 US HWY 27 N
SEBRING, FL 33870 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: VD
Name: JOHNSON, D. CRAIG
Address: 1100 NANCESSOWEE AVE
City-St-Zip: SEBRING, FL 33870

Title: D/T
Name: TAVENIERE, JAMES W
Address: 4612 BUNKER DRIVE
City-St-Zip: SEBRING, FL 33872

Title: DP
Name: HEACOCK, FORD W III
Address: 2418 JONILA AVE.
City-St-Zip: LAKELAND, FL 33803

Title: VD
Name: JOHNSON, BETH H
Address: 1100 NANCESOWEE AVE.
City-St-Zip: SEBRING, FL 33870

Title: D/S
Name: TERRELL, CATHERINE C
Address: 112 HOLMES CT
City-St-Zip: SEBRING, FL 33872

Title: COO
Name: SHEPARD, JASON
Address: 2540 LAUREL GLEN DR
City-St-Zip: LAKELAND, FL 33803

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: JAMES W. TAVENIERE

D/T

02/04/2011

Electronic Signature of Signing Officer or Director

Date