
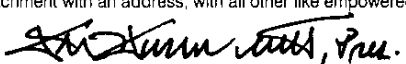


FILED
Apr 30, 2008 8:00 am
Secretary of State

| | | | |
|---|---|--|---------|
| <h1>DOCUMENT # 351057</h1> | |  | |
| 1. Entity Name JOHN M. HUNNICUTT INSURANCE & INVESTMENTS, INC. | | | |
| Principal Place of Business 29B MIRACLE STRIP PARKWAY, S. W. FT. WALTON BEACH, FL 32548 | | Mailing Address P.O. BOX 906 FT. WALTON BEACH, FL 32549 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| HUNNICUTT, JOHN M 29B MIRACLE STRIP PKWY SW FORT WALTON, FL 32548 | | Name | |
| | | Street Address | |
| | | City | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HUNNICUTT, JOHN M 29B MIRACLE STRIP PKWY SW FT WALTON BCH, FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BARKOCY, ASHLEY HUNNICU 29B MIRACLE STRIP PKWY SW FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 606, F.S., changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |