

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 443817

**FILED**  
**Oct 23, 2012**  
**Secretary of State**

**Entity Name:** KING INSURANCE AGENCY OF GAINESVILLE, INC.

**Current Principal Place of Business:**

2321 NW 41ST STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2321 NW 41ST STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-1521941      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, MALCOLM C JR.  
2488 NW 28TH ST  
GAINESVILLE, FL 32605      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:** P  
**Name:** KING, MALCOLM C SR.  
**Address:** 2488 NW 28TH ST  
**City-St-Zip:** GAINESVILLE, FL 326053746

**Title:** ST  
**Name:** KING, SUSAN I  
**Address:** 2488 NW 28TH ST  
**City-St-Zip:** GAINESVILLE, FL 326053746

**Title:** VP  
**Name:** WHIDDON, DANIEL L  
**Address:** 5356 NW 9TH LANE  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** VP  
**Name:** KING, MALCOLM C JR  
**Address:** 2321 NW 41ST STREET  
**City-St-Zip:** GAINESVILLE, FL 32606

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: MALCOLM C. KING SR.

P

10/23/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date