2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# 501377

Entity Name: TOXEY WHITAKER INSURANCE, INC.

Current Principal Place of Business:

314 CANAL STREET
P. O. BOX 626
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

314 CANAL STREET
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

314 CANAL STREET
P. O. BOX 626
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

314 CANAL STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-1693032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELOACH, J. BOYD
418 CANAL STREET
NEW SMYRNA BEACH, FL 32168 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: VPDP
Name: WHITAKER, MARTHA, M.
Address: 314 CANAL STREET
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: VPDP
Name: WHITAKER, MARTHA M.
Address: 314 CANAL STREET
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: VPDP
Name: WHITAKER, MARTHA M.
Address: 314 CANAL ST
City-St-Zip: NEW SMYRNA BCH, FL 32168

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: MARTHA B WHITAKER PRES 01/05/2012

Electronic Signature of Signing Officer or Director — Date