2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# 672813

Entity Name: HANNON INSURANCE AGENCY, INC.

Current Principal Place of Business:

221 REID AVENUE
C/O JASPER LEROY SMITH
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

PO BOX 790
PORT ST JOE, FL 32457 US

New Mailing Address:

FEI Number: 59-2123964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JASPER LEROY
221 REID AVENUE
PORT ST. JOE, FL 32456 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: JASPER LEROY SMITH
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SMITH, JASPER LEROY,
Address: 905 MONUMENT AVE
City-St-Zip: PT ST JOE, FL 00000,

Title: TD ( ) Delete
Name: SMITH, DAVID A,
Address: 212 12TH ST
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VD ( ) Delete
Name: SMITH, FRANN H,
Address: 905 MONUAMENT AVE
City-St-Zip: PT, ST. JOE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: SMITH, DAVID A,
Address: 122 CABELL DR
City-St-Zip: PORT SAINT JOE, FL 32456

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JASPER LEROY SMITH PRES 10/27/2008
Electronic Signature of Signing Officer or Director Date