2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90079 012 ***150.00

0646618 AT

DOCUMENT # F02000003745

1. Entity Name
FIRST HORIZON INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
530 OAK COURT DR. STE. 200 MEMPHIS TN 38117	530 OAK COURT DR. STE. 200 MEMPHIS TN 38117

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 62-1808679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT GOFF, KAREN GARRISON 530 OAK COURT DR. STE. 200 MEMPHIS TN 38117	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Treasurer Paul Howard Mann 530 Oak Ct. Dr. STE. 200 Memphis, TN 38117	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SATTERFIELD, MITZIE QUARLES 1030 S. HWY 92 STE.A DANDRIDGE TN 37725	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary John Leslie Keller 530 Oak Ct. Dr., STE200 Memphis, TN 38117	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO KELLER, JOHN LESLIE 530 OAK COURT DR. STE. 200 MEMPHIS TN 38117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURKETT, CHARLES 165 MADISON AVE MEMPHIS TN 38103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rhomes Aur 4385 Poplar Avenue Memphis, TN 38117	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required John Leslie Keller 4/8/03 901-818-6068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #