

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47593

FILED
Feb 09, 2012
Secretary of State

Entity Name: NORTH FLORIDA INSURANCE, INC.

Current Principal Place of Business:

4138 MIZNER CIRCLE SOUTH
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

4138 MIZNER CIRCLE SOUTH
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-2922328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WALTER L
4138 MIZNER CIRCLE SOUTH
JACKSONVILLE, FL 32217 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: D
Name: JONES, WALTER L.
Address: 4138 MIZNER CIR S
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: JONES, JUDITH A.
Address: 4138 MIZNER CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32217

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: WALTER JONES

PRES

02/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date