2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

Jul 17, 2001 8:00 am DOCUMENT # P00000104084 **Secretary of State** 1. Entity Name FMB INSURANCE SERVICES, INC. 07-17-2001 90094 032 ***150.00 Principal Place of Business Mailing Address 108 E Washington St Monticello, FL 32344 00059018 2. Principal Place of Business 3. Mailing Address P. O. Box 340 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Monticello, FL 32344 Not Applicable 59-3677075 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent, Name IGLER & DOUGHERTY, P.A. FMB BANKING CORPORATION 1501 PARK AVE E Street Address (P.O. Box Number is Not Acceptable) 200 East Washington Street TALLAHASSEE, FL 32344 Monticello 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. Sam Lester, Esq. of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME CARRAWAY, F. WILSON III STREET ADDRESS STREET ADDRESS 1313 E JACKSON ST CITY-ST-ZIP CITY-ST-ZIP THOMASVILLE GA Addition ☐ Change ☐ Delete TITLE TITLE DV NAME NAME CARRAWAY, F. WILSON III STREET ADDRESS STREET ADDRESS 200 E WASHINGTON ST CITY-ST-ZIP CITY-ST-ZIP MONTICELLO Change --- Addition -TITLE ~ TITLE NAME WRIGHT, L GARY STREET ADDRESS STREET ADDRESS 200 E WASHINGTON ST CITY-ST-ZIP CITY-ST-ZIP MONTICELLO, FL Change ☐ Addition Delete TITLE TITLE NAME NAME SIMS, R MICHAEL STREET ADDRESS STREET ADDRESS 200 EAST WASHINGTON ST CITY-ST-7IP CITY-ST-ZIP MONTICELLO, FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE DV NAME ROGERS, SAMUEL B SR STREET ADDRESS STREET ADDRESS 1117 THOMASVILLE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32303 Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if

R OR DIRECTOR

FILED