2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 30, 2010
Secretary of State

DOCUMENT# P02000024461

Entity Name: WILLIAMS INSURANCE AGENCY OF TALLAHASSEE, INC.

Current Principal Place of Business:

2901 E. PARK AVE.
STE 2200
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2901 E. PARK AVE.
STE 2200
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 02-0557969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, COLEY B
2901 E. PARK AVE.
STE 2200
TALLAHASSEE, FL 32301 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: P
Name: WILLIAMS, BILL C
Address: 2901 E PARK AVE STE 2200
City-St-Zip: TALLAHASSEE, FL 32301

Title: V
Name: WILLIAMS, COLEY B
Address: 2901 E PARK AVE STE 2200
City-St-Zip: TALLAHASSEE, FL 32301

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: COLEY B WILLIAMS V P 08/30/2010

Electronic Signature of Signing Officer or Director — Date