2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P02000092524

Entity Name: AFFORDABLE INSURANCE OF GADSDEN COUNTY, INC.

Current Principal Place of Business:

373 E. JEFFERSON STREET
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

373 E. JEFFERSON STREET
QUINCY, FL 32351

New Mailing Address:

FEI Number: 76-0710126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, BARBARA A
373 E. JEFFERSON ST
QUINCY, FL 32351

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, BARBARA A
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32351

Title: V ( ) Delete
Name: JOHNSON, ALBERT C
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: COOPER, NINA K
Address: MAX HERRING ROAD
City-St-Zip: CHATAHOOCHEE, FL 32324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: JOHNSON, ALBERT C
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32351

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

Title: D ( ) Change (X) Addition
Name: MASSEY, DAPHINE
Address: 1237 BERRY STREET
City-St-Zip: QUINCY, FL 32351

Title: VP ( ) Change (X) Addition
Name: MASSEY, MARILYN
Address: 1237 BERRY STREET
City-St-Zip: QUINCY, FL 32351

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA JOHNSON P 04/30/2003

Electronic Signature of Signing Officer or Director — Date