

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000081777

FILED  
Oct 24, 2007  
Secretary of State

**Entity Name:** CBT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1700 W. 11TH STREET  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15516  
PANAMA CITY, FL 32406

**New Mailing Address:**

**FEI Number:** 20-1274995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TUGGLE, CASEY B  
1700 W. 11TH STREET  
PANAMA CITY, FL 32401 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: CASEY B. TUGGLE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,S ( ) Delete  
Name: TUGGLE, CASEY B  
Address: 1700 W. 11TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CASEY B. TUGGLE

Electronic Signature of Signing Officer or Director

PRES

10/24/2007

Date