

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000165631

1. Entity Name
BROWN & BROWN SERVICES, INC.



Principal Place of Business
1952 PRUITT ST.
LEESBURG, FL 34748

Mailing Address
P.O. BOX 2206
LEESBURG, FL 34748

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10262005 REIN-P CR2E098 (6/04)

4. FEI Number 20-7964567 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ANDREW
1952 PRUITT ST.
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BROWN, ANDREW
STREET ADDRESS P.O. BOX 2206
CITY-ST-ZIP LEESBURG, FL 34748

TITLE VPD ☐ Delete
NAME BROWN, ARTIS
STREET ADDRESS P.O. BOX 2206
CITY-ST-ZIP LEESBURG, FL 34748

TITLE SD ☐ Delete
NAME BROWN, GALE
STREET ADDRESS P.O. BOX 2206
CITY-ST-ZIP LEESBURG, FL 34748

TITLE ☐ Delete
NAME *Andrew Brown*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000061079570
STREET ADDRESS 11/01/05--01061--007 **158.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrew Brown*, Andrew Brown

10/27/05 352-787-2298
Date Daytime Phone #