

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000047698

FILED
Apr 11, 2011
Secretary of State

Entity Name: AGRI INSURANCE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

P.O.BOX 910
LIVE OAK, FL 32064

New Principal Place of Business:

12114 GRAND LAKES DRIVE
JACKSONVILLE, FL 32258

Current Mailing Address:

P.O.BOX 910
LIVE OAK, FL 32064

New Mailing Address:

POST OFFICE BOX 23478
JACKSONVILLE, FL 32241

FEI Number: 20-2664238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
STE 2301 ONE INDEPENDENT DR
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

WILLIAMS, JAMES D JR
10592 122 ST.
LIVE OAK, FL 32060 US

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: JAMES D. WILLIAMS JR

04/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WILLIAMS, JAMES D JR
Address: P.O.BOX 998
City-St-Zip: LIVE OAK, FL 32064

Title: VP
Name: STRICKLAND, RANDALL J
Address: P.O. BOX 23478
City-St-Zip: JACKSONVILLE, FL 32241

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: JAMES D WILLIAMS JR.

D

04/11/2011

Electronic Signature of Signing Officer or Director

Date