2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P06000106597

Entity Name: INSURANCE GROUP OF NORTH FLORIDA, INC.

Current Principal Place of Business:

58 ROSE ST
SOPCHOPPY, FL 32358

New Principal Place of Business:

4369 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

Current Mailing Address:

1961 SOPCHOPPY HWY
SOPCHOPPY, FL 32358

New Mailing Address:

4369 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

FEI Number: 59-3841352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOKLEY, JAMES W JR
1961 SOPCHOPPY HWY
SOPCHOPPY, FL 32358 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: STOKLEY, JAMES W JR
Address: 1961 SOPCHOPPY HWY
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: V
Name: STOKLEY, CAROLYN
Address: 1961 SOPCHOPPY HWY
City-St-Zip: SOPCHOPPY, FL 32358

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 W. STOKLEY P 04/29/2010

Electronic Signature of Signing Officer or Director — Date