

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29059

FILED
May 01, 2012
Secretary of State

Entity Name: NORTON INSURANCE OF FLORIDA, INC.

Current Principal Place of Business:

102 BEAL PARKWAY SW
FT WALTON BEACH, FL 325485330 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2078
FT. WALTON BEACH, FL 325492078 US

New Mailing Address:

FEI Number: 58-1426327 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

H. E. NORTON
102 BEAL PARKWAY
FT WALTON BEACH, FL 32548 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

OFFICERS AND DIRECTORS:

Title: PD
Name: NORTON, H. E.
Address: 138 INDIAN BAYOU DRIVE
City-St-Zip: DESTIN, FL 32541

Title: VD
Name: JONES, A. E.
Address: 3068 H D ATHA RD
City-St-Zip: COVINGTON, GA

Title: D
Name: NORTON, RUTH
Address: 1100 U.S. HWY 98-UNIT B802
City-St-Zip: DESTIN, FL

Title: CFO
Name: JONES, KAREN
Address: 3068 H D ATHA RD
City-St-Zip: COVINGTON, GA

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: KAREN JONES

CFO

05/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date