

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000038375

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** HAMRICK INSURANCE OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

1673 MAHAN CENTER BLVD  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1873  
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

**FEI Number:** 59-3185493      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAMRICK, DAVID J JR  
1673 MAHAN CENTER BLVD.  
TALLAHASSEE, FL 32308 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: P  
Name: HAMRICK, TERESA W  
Address: 1673 MAHAN CENTER BLVD,  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP  
Name: HAMRICK, DAVID J JR  
Address: 1673 MAHAN CENTER BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST  
Name: JAMES, VIVIAN H  
Address: 5083 WILD OLIVE WAY  
City-St-Zip: TALLAHASSEE, FL 32305 US

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: TERESA W HAMRICK

PRES

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date