2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P94000009014 1. Entity Name J. PARKER INSURANCE AGENCY, INC. 4-24-2001 90**333** 001 ***150.00 Principal Place of Business Mailing Address 703 ROBERTS MILL ROAD 703 ROBERTS MILL ROAD HIXSON FL 37343 HIXSON TN 37343 00040150 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3219861 Not Applicable **\$8.75** - Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANTRELL, JUDY E. Street Address (P.O. Box Number is Not Acceptable) 2360 SE 173RD COURT SILVER SPRINGS FL 34488 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete ☐ Addition TITLE □ Change TITLE NAME NAME PARKER, JEAN STREET ADDRESS STREET ADDRESS 703 ROBERTS MILL RD CITY-ST-ZIP CITY-ST-ZIP HIXSON TN 37343 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME PARKER, JAMES L STREET ADDRESS STREET ADDRESS 703 ROBERTS MILL RD CITY - ST: ZIP CITY:ST=ZIP: --HIXSON TN 37343 ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME CANTRELL, JUDY E. STREET ADDRESS STREET ADDRESS 2360 SE 173RD COURT CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS FL 34488 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Jean Parker, President 4/17/01 (423) 847-1079