

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000098131

**FILED**  
**Oct 04, 2012**  
**Secretary of State**

**Entity Name:** DUPREE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1403 DUNN AVENUE  
SUITE 12  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

510 AIRPORT CENTER DRIVE  
SUITE 103  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

1403 DUNN AVENUE  
SUITE 12  
JACKSONVILLE, FL 32218

**New Mailing Address:**

510 AIRPORT CENTER DRIVE  
SUITE 103  
JACKSONVILLE, FL 32218

**FEI Number:** 59-3418148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FISHER, TOUSEY, LEAS & BALL, P.A.  
818 N. A1A  
SUITE 104  
PONTE VEDRA BEACH, FL 32082 US

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

DUPREE, DANIEL K  
510 AIRPORT CENTER DR  
103  
JACKSONVILLE, FL 32218 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: DANIEL K DUPREE

10/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DUPREE, DANIEL K  
Address: 510 AIRPORT CENTER DRIVE 103  
City-St-Zip: JACKSONVILLE, FL 32218

Title: V  
Name: DUPREE, DEBORAH C  
Address: 510 AIRPORT CENTER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

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: DANIEL DUPREE

PSTD

10/04/2012

Electronic Signature of Signing Officer or Director

Date