2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 07, 2012
Secretary of State

DOCUMENT# P98000107671

Entity Name: FLANIGAN & ASSOCIATES INSURANCE, INC.

Current Principal Place of Business:

11406 N DALE MABRY HWY
SUITE 201
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11406 N DALE MABRY HWY
SUITE 201
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3547618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLANIGAN, LYNDA A
2913 W FAIR OAKS AVE
TAMPA, FL 33611 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: PST
Name: FLANIGAN, LYNDA A
Address: 2913 W FAIR OAKS AVE
City-St-Zip: TAMPA, FL 33611

Title: VP
Name: HAYES, JOANN M
Address: 3813 EAGLEFLIGHT LANE
City-St-Zip: LAND O LAKES, FL 34639

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: JOANN M. HAYES VP 12/07/2012

Electronic Signature of Signing Officer or Director — Date