

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V53786

FILED
Jan 24, 2011
Secretary of State

Entity Name: MACHINERY INSURANCE, INC. AN ASSESSABLE MUTUAL INSURER

Current Principal Place of Business:

219 NEWNAN STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

219 NEWNAN STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2874344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POWELL, FITZHUGH K PRES
219 NEWNAN ST
JACKSONVILLE, FL 32202 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: V
Name: RINGHAVER, RANDAL L.
Address: 8060 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL

Title: PT
Name: POWELL, FITZHUGH K SR.
Address: 219 NEWNAN STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: CS
Name: ROY, RONALD T
Address: 500 WORLD COMMERCE PKWY
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: AST
Name: KLEMMT, ROSEMARY G
Address: 219 NEWNAN STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: FITZHUGH K. POWELL

PRES

01/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date