2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2016
Secretary of State
CC1324440313

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Entity Name: ROGERS, GUNTER, VAUGHN INSURANCE, INC.

Current Principal Place of Business:

1117 THOMASVILLE RD
TALLAHASSEE, FL 32303

Current Mailing Address:

PO BOX 12099
TALLAHASSEE, FL 32317

FEI Number: 59-0912250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROGERS, SAMUEL BJR
1117 THOMASVILLE RD
TALLAHASSEE, FL 32303 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: SAMUEL B ROGERS 01/25/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	VAUGHN, KEVIN	Name	ROGERS, S BSR
Address	9025 GLEN EAGLE WAY	Address	3710 GALWAY DR
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312
Title	CEO, TREASURER	Title	CHAIRMAN
Name	ROGERS, SAMUEL B., JR.	Name	GUNTER, WILLIAM
Address	1741 MARSTON PL	Address	1117 SAVANNAH TRACE
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32312
Title	PRESIDENT	Title	SECRETARY
Name	GUNTER, BART	Name	DUNCAN, JAMES D
Address	3207 SHAMROCK STREET E #12	Address	1645 COPPERFIELD CIRCLE
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32312

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: SAMUEL B ROGERS JR CEO 01/25/2016

Electronic Signature of Signing Officer/Director Detail — Date