2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2014
Secretary of State
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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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	VAUGHN, KEVIN
Address	9025 GLEN EAGLE WAY
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIR
Name	ROGERS, S BSR
Address	3710 GALWAY DR
City-State-Zip:	TALLAHASSEE FL 32312

Title	CEO
Name	ROGERS, SAMUEL B., JR.
Address	1741 MARSTON PL
City-State-Zip:	TALLAHASSEE FL 32308

Title	CHR
Name	GUNTER, WILLIAM
Address	1117 SAVANNAH TRACE
City-State-Zip:	TALLAHASSEE FL 32312

Title	EVP
Name	GUNTER, BART
Address	3449 MAHONEY DR.
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	DUNCAN, JAMES D
Address	1645 COPPERFIELD CIRCLE
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 CFO 01/13/2014

Electronic Signature of Signing Officer/Director Detail — Date