

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 240124

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

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

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

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

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

Title	EXECUTIVE VICE PRESIDENT
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**CEO TREASURER****04/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date