2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2013
Secretary of State
CC4847079582

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Entity Name: DAVIS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1251 NE 2ND ST.
OCALA, FL 34470

Current Mailing Address:

P O BOX 1328
OCALA, FL 34478 US

FEI Number: 59-1097071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, CAREY L
1251 NE 2ND ST
OCALA, FL 34470 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	PD	Title	VP
Name	ROSS, CAREY L.	Name	ROSS, BARBARA E
Address	1251 NE 2ND ST.	Address	1251 NE 2ND STREET
City-State-Zip:	OCALA FL 34470	City-State-Zip:	OCALA FL 34470

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: CAREY L ROSS PRESIDENT 03/06/2013

Electronic Signature of Signing Officer/Director Detail — Date