

1.) CORPORATION NAME:

J. T. DAVIS INSURANCE AGENCY, INC.

DUE DATE: **1/31/2012**

SCC ID NO: **05145867**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
J T DAVIS
1110 INDIAN JIM TRAIL
NATHALIE, VA 24577**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HALIFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1101 INDIAN JIM TRIAL

CITY/ST/ZIP: NATHALIE, VA 24577-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DELORES R. DAVIS
TITLE: S/T
ADDRESS: 1110 INDIAN JIM TRAIL
CITY/ST/ZIP/CO: NATHALIE, VA 24577-

OFFICER

DIRECTOR

NAME: JOHN T. DAVIS
TITLE: DIRECTOR
ADDRESS: 1110 INDIAN JIM TRAIL
CITY/ST/ZIP/CO: NATHALIE, VA 24577-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DELORES R. DAVIS

DELORES R. DAVIS, S/T

12/30/2011

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.