

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 180952

Entity Name: VANDROFF INSURANCE AGENCY, INC.

Current Principal Place of Business:

5150 BELFORD RD
BLDG # 200
JACKSONVILLE, FL 32256

Current Mailing Address:

5150 BELFORD RD
BLDG # 200
JACKSONVILLE, FL 32256 US

FEI Number: 59-0728576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL
5150 BELFORD ROAD BLDG 100
JACKSONVILLE, FL 32256 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	D	Title	PTSD
Name	VANDROFF, ARNOLD E	Name	VANDROFF, DAVID
Address	5150 BELFORD RD., BLDG. #200	Address	5150 BELFORD RD., BLDG. #200
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

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: DAVID M VANDROFF

PRESIDENT

01/14/2016

Electronic Signature of Signing Officer/Director Detail

Date