

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 324732

Entity Name: DEMETREE INSURANCE SERVICES, INC.

Current Principal Place of Business:

3740 BEACH BLVD
STE 102
JACKSONVILLE, FL 32207

Current Mailing Address:

P O BOX 5788
JACKSONVILLE, FL 32247 US

FEI Number: 59-1199205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYON, JONATHAN R.
3740 BEACH BLVD.
STE 102
JACKSONVILLE, FL 32207 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 STD
Name DEMETREE, JACK C JR.
Address 6671 EPPING FOREST WAY N
City-State-Zip: JACKSONVILLE FL 32217

Title PD
Name LYON, JONATHAN R
Address 1837 SEA OATS DR.
City-State-Zip: ATLANTIC BEACH FL 32233

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: JONATHAN R LYON

PRESIDENT

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date