2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2019
Secretary of State
9441366946CC

DOCUMENT# 324732

Entity Name: DEMETREE INSURANCE SERVICES, INC.

Current Principal Place of Business:

1551 ATLANTIC BLVD
STE 300
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.
1551 ATLANTIC BLVD
STE 300
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	Title	PD
Name	DEMETREE, JACK C JR.	Name	LYON, JONATHAN R
Address	6671 EPPING FOREST WAY N	Address	1837 SEA OATS DR.
City-State-Zip:	JACKSONVILLE FL 32217	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 02/11/2019

Electronic Signature of Signing Officer/Director Detail — Date