

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493109

Entity Name: STRONG TOWER INSURANCE, INC.

Current Principal Place of Business:

101 N. WHEELER ST.
PLANT CITY, FL 33563

Current Mailing Address:

101 N. WHEELER ST.
PLANT CITY, FL 33563 US

FEI Number: 59-1638850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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
Name BURKETT, RAYMOND E
Address 101 N. WHEELER ST.
City-State-Zip: PLANT CITY FL 33563

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: RAYMOND EARL BURKETT

PRESIDENT

01/15/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date