

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 493109

**Entity Name:** STRONG TOWER INSURANCE, INC.

**Current Principal Place of Business:**

1003 S. ALEXANDER STREET SUITE 11  
PLANT CITY, FL 33563

**Current Mailing Address:**

1003 S. ALEXANDER STREET SUITE 11  
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 1003 S. ALEXANDER ST. STE. 11  
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 E BURKETT

**PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date