

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530302

Entity Name: FLORIDA INSURANCE CENTER, INC.

Current Principal Place of Business:

414 N ALEXANDER ST
PLANT CITY, FL 33563

Current Mailing Address:

414 N ALEXANDER ST
PLANT CITY, FL 33563 US

FEI Number: 59-1725442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, KEITH C
121 N COLLINS STREET
PLANT CITY, FL 33563 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 BROWNLEE, CARL
Address 2110 N GOLFOVIEW DRIVE
City-State-Zip: PLANT CITY FL 33566

Title VTD
Name BROWNLEE, BRUCE C
Address 808 S BOULEVARD
City-State-Zip: TAMPA FL 33606

Title VSD
Name BROWNLEE, DENNIS
Address 13832 HWY 92 E.
City-State-Zip: DOVER FL 33527

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: DENNIS BROWNLEE

VP

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date