2019 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 ONE LAKE MORTONG DRIVE LAKELAND, FL 33801 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

FILED Jan 28, 2019

Secretary of State

1929130450CC

Officer/Director Detail:

Title PD Title VSD

NameBROWNLEE, CARLNameBROWNLEE, DENNISAddress2110 N GOLFVIEW DRIVEAddress13832 HWY 92 E.City-State-Zip:PLANT CITY FL 33566City-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

VSD

01/28/2019