

**2015 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:** BRUCE BROWNLEE

VTD

03/03/2015

Electronic Signature of Signing Officer/Director Detail

Date