

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F49851

**Entity Name:** INSURAMERICA OF FLORIDA, INC.

**Current Principal Place of Business:**

4348 SOUTHPOINT BLVD  
STE 200  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4348 SOUTHPOINT BLVD  
STE 200  
JACKSONVILLE, FL 32216

**FEI Number:** 59-2130271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALTON, BOBBY L  
4348 SOUTHPOINT BLVD  
STE 200  
JACKSONVILLE, FL 32216 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            CEO  
Name            WALTON, BOBBY L  
Address        4348 SOUTHPOINT BLVD STE 200  
City-State-Zip: JACKSONVILLE FL 32216

Title            VP, SECRETARY  
Name            LACY, LISA  
Address        4348 SOUTHPOINT BLVD STE 200  
City-State-Zip: JACKSONVILLE FL 32216

Title            VP  
Name            WALTON, PEGGY  
Address        4348 SOUTHPOINT BLVD, STE 200  
City-State-Zip: JACKSONVILLE FL 32216

Title            PRESIDENT  
Name            REGISTER, BRIAN J  
Address        4348 SOUTHPOINT BLVD STE 200  
City-State-Zip: JACKSONVILLE FL 32216

*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:** LISA LACY

**VICE-PRESIDENT**

**04/13/2017**

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

\_\_\_\_\_  
Date