

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F63419

**Entity Name:** KOYUTIS INSURANCE AGENCY, INC.**Current Principal Place of Business:**12390 KEYRIDGE LOOP  
LARGO, FL 33778**Current Mailing Address:**12390 KEYRIDGE LOOP  
LARGO, FL 33778 US**FEI Number:** 59-2145902**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAM C. KOYUTIS  
12390 KEYRIDGE LOOP  
LARGO, FL 33778 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	TREASURER, VP
Name	KOYUTIS, WILLIAM CHARLES
Address	12390 KEYRIDGE LOOP
City-State-Zip:	LARGO FL 33778

Title	PRESIDENT, SECRETARY
Name	KOYUTIS, BARBARA L
Address	12390 KEYRIDGE LOOP
City-State-Zip:	LARGO FL 33778

Title	VP
Name	THOMAS, KIRSTEN
Address	8095 WILLOW COURT
City-State-Zip:	SEMINOLE FL 33776

Title	2ND VP
Name	THOMAS, HENRY
Address	8095 WILLOW COURT
City-State-Zip:	SEMINOLE FL 33776

*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:** BARBARA L. KOYUTIS**PRESIDENT****02/07/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date