

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F88855

**Entity Name:** BAKER-HARRIS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1634-2 METROPOLITAN BLVD.  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 3785  
TALLAHASSEE, FL 32315

**FEI Number:** 59-1958106

**Certificate of Status Desired:** No

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

HARRIS, DREXAL N  
1634-2 METROPOLITAN BLVD.  
TALLAHASSEE, FL 32308 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 HARRIS, DREXAL N  
Address 2527 BETTON WOODS DR  
City-State-Zip: TALLAHASSEE FL 32308

Title STD  
Name HARRIS, JEANNE H  
Address 2527 BETTON WOODS DR  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name HARRIS, HUNTER H  
Address 4083 FORSYTHE WAY  
City-State-Zip: TALLAHASSEE FL 32309

*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:** JEANNE HARRIS

**SECRETARY/TREASURER** 02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date