

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H86865

**Entity Name:** RAINCROSS INSURANCE, INC.

**Current Principal Place of Business:**

9800 4TH STREET NORTH  
SUITE 400  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

9800 4TH STREET NORTH  
SUITE 400  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 59-2779052

**Certificate of Status Desired:** No

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

WOLF, BOYD H  
9800 4TH STREET NORTH  
SUITE 400  
ST PETERSBURG, FL 33702 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            PRESIDENT  
Name            WOLF, BOYD  
Address        9800 4TH STREET NORTH  
                  SUITE 400  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** BOYD WOLF

**PRESIDENT**

**04/05/2017**

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

\_\_\_\_\_  
Date