2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
CC5207858647

DOCUMENT# J43612

Entity Name: BOYD INSURANCE & INVESTMENT SERVICES, INC.

Current Principal Place of Business:

717 MANATEE AVE. W
STE. 300
BRADENTON, FL 34205

Current Mailing Address:

717 MANATEE AVE. W
STE. 300
BRADENTON, FL 34205 US

FEI Number: 59-2741565

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYD, JAMES E.
717 MANATEE AVE. W
STE. 300
BRADENTON, FL 34205 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	BOYD, JAMES E
Address	717 MANATEE AVE. W. STE. 300
City-State-Zip:	BRADENTON FL 34205

Title	D
Name	BOYD , JAMES E
Address	717 MANATEE AVE. W. STE 300
City-State-Zip:	BRADENTON FL 34205

Title	COO
Name	GROSS, RICHARD G
Address	717 MANATEE AVE. W. SUITE 300
City-State-Zip:	BRADENTON FL 34205

Title	VP
Name	BOYD, AUSTIN H
Address	717 MANATEE AVE. W STE. 300
City-State-Zip:	BRADENTON FL 34205

Title	P
Name	OSBURN, L. PAT
Address	717 MANATEE AVE. W. STE. 300
City-State-Zip:	BRADENTON FL 34205

Title	S
Name	BOYD, SANDRA
Address	717 MANATEE AVE. W. SUITE 300
City-State-Zip:	BRADENTON FL 32405

Title	VP
Name	BAKER, PHILLIP B
Address	717 MANATEE AVE. W. SUITE 300
City-State-Zip:	BRADENTON FL 34205

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: JAMES E. BOYD CEO 02/23/2015

Electronic Signature of Signing Officer/Director Detail — Date