

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J68708

**Entity Name:** A-B-C DENNIS INSURANCE, INC.

**Current Principal Place of Business:**

1022 LAND O LAKES BLVD.  
SUITE 103  
LUTZ, FL 33549

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC8750180332**

**Current Mailing Address:**

1022 LAND O LAKES BLVD.  
SUITE 103  
LUTZ, FL 33549 US

**FEI Number: 59-3461373**

**Certificate of Status Desired: No**

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

DENNIS, BRIAN EPRES  
1022 LAND O LAKES BLVD.  
SUITE 103  
LUTZ, FL 33549 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           VP  
Name           DENNIS, PAIGE M  
Address        1022 LAND O LAKES BLVD.  
                  SUITE 103  
City-State-Zip: LUTZ FL 33549

Title           PSDT  
Name           DENNIS, BRIAN E.  
Address        1022 LAND O LAKES BLVD  
                  SUITE 103  
City-State-Zip: LUTZ FL 33549

*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: PAIGE DENNIS**

**VP**

**03/12/2018**

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

\_\_\_\_\_  
Date