

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L13183

Entity Name: EMPLOYEE INSURANCE BENEFITS OF FLORIDA, INC.

Current Principal Place of Business:

6724 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813

Current Mailing Address:

6724 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813 US

FEI Number: 59-2961459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, BRUCE G. JR.
6724 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813 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: BRUCE G. BAKER JR.

02/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO/PRESIDENT	Title	SECRETARY/TREASURER
Name	BAKER JR., BRUCE G.	Name	BAKER, BARBARA T.
Address	6724 BROKEN ARROW TRAIL SOUTH	Address	1956 INDIAN TRAILS CT
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813

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: BRUCE G. BAKER, JR.

PRESIDENT

02/09/2021

Electronic Signature of Signing Officer/Director Detail

Date