

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L41746

**Entity Name:** VANALLEN-CLIFFORD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

117 N. SEMINOLE AVENUE  
INVERNESS, FL 34450

**Current Mailing Address:**

117 N. SEMINOLE AVENUE  
INVERNESS, FL 34450 US

**FEI Number:** 59-2992644

**Certificate of Status Desired:** No

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

LINDA C VANALLEN  
117 NORTH SEMINOLE AVENUE  
INVERNESS, FL 34450 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            DIRECTOR  
Name            VANALLEN, LINDA C  
Address        117 N. SEMINOLE AVENUE  
City-State-Zip: INVERNESS FL 34450

*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:** LINDA C. VANALLEN

**DIRECTOR**

**03/30/2016**

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

\_\_\_\_\_  
Date