

2019 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:

P O BOX 583
INVERNESS, FL 34451 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

PRESIDENT

04/04/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date