

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064784

Entity Name: ARTHUR GRANT BLACKWELL INSURANCE, INC.

Current Principal Place of Business:

47 ARBOLEDA
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

47 ARBOLEDA
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3657001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACKWELL, ARTHUR G
47 ARBOLEDA
SANTA ROSA, FL 32549 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 PRESIDENT
Name BLACKWELL, ARTHUR G
Address 47 ARBOLEDA
City-State-Zip: SANTA ROSA FL 32549

Title VP
Name BLACKWELL, ROBIN K
Address 47 ARBOLEDA
City-State-Zip: SANTA ROSA BEACH FL 32459

Title CFO
Name WILLIAMSON, DAVID L
Address 409 ARUBA WAY
City-State-Zip: NICEVILLE FL 32578

Title COO
Name KLAUDER, ROBERT A
Address 216 BUXTON WAY
City-State-Zip: FREEPORT FL 32439

Title VP MARKETING
Name BLACKWELL, JOHN DAVID
Address 198 MELROSE AVE
City-State-Zip: SANTA ROSA BEACH FL 32459

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: ARTHUR GRANT BLACKWELL

PRESIDENT

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date