2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075422

Entity Name: FLORIDA LAWYERS INSURANCE AGENCY, INC.

Current Principal Place of Business:

541 E. MITCHELL HAMMOCK ROAD, STE. 100 OVIEDO, FL 32765

Current Mailing Address:

541 E. MITCHELL HAMMOCK ROAD, STE. 100 OVIEDO, FL 32765

FEI Number: 59-3679331

Name and Address of Current Registered Agent:

FOGG, JASON A 541 E. MITCHELL HAMMOCK ROAD OVIEDO, FL 32765 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	JASON A. FOGG									
	Electronic Signature of Registered Agent		Date							
Officer/Dire	ctor Detail :									
Title	D	Title	D							
Name	STAGG, LAWRENCE	Name	SONDAK, ROBERT M							
Address	5303 W. SAN NICHOLAS STREET	Address	9400 S. DADELAND BVLD. 600							
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	MIAMI FL 33156							
Title Name Address City-State-Zip: Title Name Address City-State-Zip:	D DOPPELT, AVA K 851 MAYFIELD AVENUE WINTER PARK FL 32789 SD WILLIAMS, GARY 307 ROSEHILL DRIVE, EAST TALLAHASSEE FL 32312	Title Name Address City-State-Zip: Title Name Address City-State-Zip:	TD DISQUE, PHILIP A 707 S.E. 3RD AVENUE, STE 400							
Title Name Address City-State-Zip:	DIRECTOR BOOKMAN, ALAN B 30 SOUTH SPRING STREET PENSACOLA FL 32502	Title Name Address City-State-Zip:	EVP JONES, MARY F 541 E. MITCHELL HAMMOCK ROAD OVIEDO FL 32765							

Continues on page 2

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:	JASC)N	A. F	ÖG	G				COO	02/10/2017
			<u>.</u>		(0)	0.11	(D			

Electronic Signature of Signing Officer/Director Detail

FILED Feb 10, 2017 Secretary of State CC0985614611

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	COO
Name	FOGG, JASON A ESQ.
Address	541 E. MITCHELL HAMMOCK ROAD
City-State-Zip:	OVIEDO FL 32765