## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075422

Entity Name: FLORIDA LAWYERS INSURANCE AGENCY, INC.

**FILED** Feb 01, 2016 **Secretary of State** CC8198504519

**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 Certificate of Status Desired: No

## 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 02/01/2016

City-State-Zip:

Title

MIAMI FL 33156

TD

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title D

STAGG, LAWRENCE SONDAK, ROBERT M Name Name

Address Address 5303 W. SAN NICHOLAS STREET 9400 S. DADELAND BVLD.

**TAMPA FL 33629** City-State-Zip:

D

Title

Title DP DOPPELT, AVA K Name

Name LOUCKS, WILLIAM E

Address 851 MAYFIELD AVENUE 541 E. MITCHELL HAMMOCK ROAD Address

City-State-Zip: WINTER PARK FL 32789 City-State-Zip: OVIEDO FL 32765

Title SD

Name WILLIAMS, GARY Name DISQUE, PHILIP A

307 ROSEHILL DRIVE, EAST Address Address 707 S.E. 3RD AVENUE, STE 400

TALLAHASSEE FL 32312 City-State-Zip: City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR Title **EVP** 

BOOKMAN, ALAN B Name Name JONES, MARY F

30 SOUTH SPRING STREET Address Address 541 E. MITCHELL HAMMOCK ROAD

PENSACOLA FL 32502 City-State-Zip: OVIEDO FL 32765 City-State-Zip:

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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.

02/01/2016 SIGNATURE: JASON FOGG REGISTERED AGENT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title COO

Name FOGG, JASON A ESQ.

Address 541 E. MITCHELL HAMMOCK ROAD

City-State-Zip: OVIEDO FL 32765