**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 19, 2019**
**Secretary of State**
**8557002978CC**

DOCUMENT# P02000110419

**Entity Name:** SCOTT CAMERON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5355 SW COLLEGE ROAD
OCALA, FL 34474

**Current Mailing Address:**

5355 SW COLLEGE ROAD
OCALA, FL 34474

**FEI Number: 56-2307033**

**Certificate of Status Desired:** Yes

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

CAMERON, SCOTT
5355 SW COLLEGE ROAD
OCALA, FL 34474 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 | PRES |
| Name | CAMERON, SCOTT J |
| Address | 5355 SW COLLEGE ROAD |
| City-State-Zip: | OCALA FL 34471 |

| | |
|---|---|
| Title | SEC |
| Name | CAMERON, KAREN |
| Address | 5010 SW 2ND AVE |
| City-State-Zip: | OCALA FL 34471 |

| | |
|---|---|
| Title | DIR |
| Name | CAMERON, TYLER |
| Address | 5010 SW 2ND AVENUE |
| City-State-Zip: | OCALA FL 34471 |

| | |
|---|---|
| Title | DIR |
| Name | CAMERON, ALEXANDER |
| Address | 5010 SW 2ND AVENUE |
| City-State-Zip: | OCALA FL 34471 |

| | |
|---|---|
| Title | DIR |
| Name | CAMERON, SAVANNAH |
| Address | 5010 SW 2ND AVENUE |
| City-State-Zip: | OCALA FL 34471 |

*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: SCOTT CAMERON PRESIDENT 02/19/2019

Electronic Signature of Signing Officer/Director Detail — Date