

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000003967

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

**Current Principal Place of Business:**

6018 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6018 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

**FEI Number:** 02-0663666

**Certificate of Status Desired:** No

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

SCOTT, KATHY CLU  
6018 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217 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	P	Title	VP
Name	SCOTT, KATHY	Name	RODRIGUEZ, MARINO RJR
Address	6018 SAN JOSE BLVD.	Address	700 PEPPERVINE AVE
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32259

*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:** KATHY SCOTT

**PRESIDENT**

**01/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date