

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150304

Entity Name: WIKE INSURANCE SERVICES, INC.

Current Principal Place of Business:

1727 EMERALD DR
CLEARWATER, FL 33756

Current Mailing Address:

PO BOX 55
CLEARWATER, FL 33757

FEI Number: 20-1173534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIKE, DENISE
1727 EMERALD DR
CLEARWATER, FL 33756 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 WIKE, DENISE
Address 1727 EMERALD DR
City-State-Zip: CLEARWATER FL 33756

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: DENISE WIKE

PRESIDENT

04/05/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date