

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000027065

**Entity Name:** TISH P. OLEKSY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4960 W NEWBERRY RD, STE 260  
GAINESVILLE, FL 32607

**Current Mailing Address:**

4960 W NEWBERRY RD, STE 260  
GAINESVILLE, FL 32607 US

**FEI Number:** 20-2429959

**Certificate of Status Desired:** No

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

OLEKSY, LETICIA P  
4960 W NEWBERRY RD, STE 260  
GAINESVILLE, FL 32607 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 D  
Name OLEKSY, LETICIA P  
Address 4960 W NEWBERRY RD, STE 260  
City-State-Zip: GAINESVILLE FL 32607

*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:** LETICIA P. OLEKSY

**AGENT**

**03/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date