

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000028407

**Entity Name:** AMERICAN SAFETY COUNCIL - INSURANCE DIVISION, INC.

**FILED**  
**Jan 18, 2018**  
**Secretary of State**  
**CC2562654113**

**Current Principal Place of Business:**

225 E. ROBINSON ST.  
STE. 570  
ORLANDO, FL 32801

**Current Mailing Address:**

225 E. ROBINSON ST.  
STE. 570  
ORLANDO, FL 32801 US

**FEI Number:** 20-2401220

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO  
Name            COMLY, JOHN  
Address        225 E. ROBINSON ST.  
                  STE. 570  
City-State-Zip: ORLANDO FL 32801

Title            SECRETARY  
Name            MCMAHAN, WILLIAM E JR.  
Address        225 E. ROBINSON ST. #570  
City-State-Zip: ORLANDO FL 32801

Title            TREASURER  
Name            SCHONBERG, JOSEPH J  
Address        225 E. ROBINSON ST. #570  
City-State-Zip: ORLANDO FL 32801

*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:** JOHN COMLY

**CEO**

**01/18/2018**

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

\_\_\_\_\_  
Date