

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028407

FILED
Mar 20, 2019
Secretary of State
8118193395CC

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

Current Principal Place of Business:

225 E. ROBINSON STREET
SUITE 570
ORLANDO, FL 32801

Current Mailing Address:

225 E. ROBINSON STREET
SUITE 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 PRESIDENT
Name COMLY, JOHN
Address 225 E. ROBINSON STREET
 SUITE 570
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name MCMAHAN, WILLIAM EDWIN JR.
Address 100 N. TRYON ST.
City-State-Zip: CHARLOTTE NC 28202

Title CFO
Name HUIE, JOSEPH J.
Address 225 E. ROBINSON STREET
 SUITE 570
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name COMLY, JOHN
Address 225 E. ROBINSON STREET
 SUITE 570
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MCMAHAN, WILLIAM EDWIN JR.
Address 100 N. TRYON ST.
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name OKEN, MARC
Address 100 N. TRYON ST.
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR
Name TAYLOR, TODD
Address 100 N. TRYON ST.
City-State-Zip: CHARLOTTE NC 28202

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

PRESIDENT

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date