

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042948

Entity Name: AMERIWAY INSURANCE OF DUVAL COUNTY INC.

Current Principal Place of Business:

8248 WALLINGFORD HILLS LANE
JACKSONVILLE, FL 32256

Current Mailing Address:

8248 WALLINGFORD HILLS LANE
JACKSONVILLE, FL 32256 US

FEI Number: 20-2544208

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOOD, RAJESH
8248 WALLINGFORD HILLS LANE
JACKSONVILLE, FL 32256 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 MR.
Name SOOD, RAJESH
Address 8248 WALLINGFORD HILLS LANE
City-State-Zip: JACKSONVILLE FL 32256

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: RAJESH SOOD

PRESIDENT

01/29/2015

Electronic Signature of Signing Officer/Director Detail

Date