2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047270

Entity Name: FLORIDA PENINSULA INSURANCE COMPANY

Current Principal Place of Business:

903 NW 65TH ST
SUITE 200
BOCA RATON, FL 33487

Current Mailing Address:

903 NW 65TH ST
SUITE 200
BOCA RATON, FL 33487

FEI Number: 20-2610293

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 GAINES ST
200 GAINES ST.
TALLAHASSEE, FL 32314-6200 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		Title	SD
Name	ADKINS, PAUL		Name	GIULIANTI, STACEY A
Address	903 NW 65TH ST, SUITE 200		Address	903 NW 65 STREET SUITE 200
City-State-Zip:	BOCA RATON FL 33487		City-State-Zip:	BOCA RATON FL 33487
Title	D, TREASURER		Title	D, PRESIDENT
Name	CANTOR, GARY		Name	STRAUCH, CLINT B
Address	903 NW 65 ST SUITE 200		Address	903 NW 65TH ST, SUITE 200
City-State-Zip:	BOCA RATON FL 33487		City-State-Zip:	BOCA RATON FL 33487
Title	DIRECTOR		Title	DIRECTOR
Name	OLBERS, GARD		Name	MURPHY, CYNTHIA
Address	903 NW 65TH ST SUITE 200		Address	903 NW 65TH ST SUITE 200
City-State-Zip:	BOCA RATON FL 33487		City-State-Zip:	BOCA RATON FL 33487

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: STACEY GIULIANTI   CORPORATE SECRETAR   02/08/2024

Electronic Signature of Signing Officer/Director Detail   Date