

2019 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:** No**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 CEOD
Name DESJADON, ROGER L
Address 6 TERHUNE CT
City-State-Zip: FRANKLIN PARK NJ 08823Title C
Name ADKINS, PAUL
Address 18743 LONG LAKE DR
City-State-Zip: BOCA RATON FL 33496Title SD
Name GIULIANTI, STACEY AESQ
Address 903 NW 65 STREET
 SUITE 200
City-State-Zip: BOCA RATON FL 33487Title TD
Name LATTANZIO, FRANCIS J
Address 85 FARMCLIFF DR
City-State-Zip: GLASTONBURY CTTitle D
Name CANTOR, GARY
Address 903 NW 65 ST
 SUITE 200
City-State-Zip: BOCA RATON FL 33487Title D, PRESIDENT
Name STRAUCH, CLINT B
Address 3317 NE 30 AVE
City-State-Zip: LIGHTHOUSE POINT FL 33064

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 A GIULIANTI**CORP SEC****02/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date