

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146444

Entity Name: TROY FAIN INSURANCE, INC.

Current Principal Place of Business:

5524 APALACHEE PKWY
TALLAHASSEE, FL 32314

Current Mailing Address:

POST OFFICE BOX 5077
TALLAHASSEE, FL 32314

FEI Number: 20-5967441

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIESTELHORST, JACK B
5524 APALACHEE PARKWAY
TALLAHASSEE, FL 32311 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 P
Name CHEE, CHRISTOPHER
Address POST OFFICE BOX 5077
City-State-Zip: TALLAHASSEE FL 32314

Title VD
Name SOLOMON, DEBRA
Address POST OFFICE BOX 5077
City-State-Zip: TALLAHASSEE FL 32314

Title STD
Name DIESTELHORST, JACK
Address POST OFFICE BOX 5077
City-State-Zip: TALLAHASSEE FL 32314

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: CHRISTOPHER CHEE

PRESIDENT

01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date