

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000088529

**Entity Name:** TRU AUTO INSURANCE, INC.

**Current Principal Place of Business:**

349 N.W. 16TH ST., STE 108  
BELLE GLADE, FL 33430

**Current Mailing Address:**

PO BOX 384  
BELLE GLADE, FL 33430

**FEI Number:** 80-0289070

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BRYANT, SABRINA K  
349 N.W. 16TH ST., STE 108  
BELLE GLADE, FL 33430 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 PD  
Name BRYANT, SABRINA K  
Address 349 N.W. 16TH ST., STE 108  
City-State-Zip: BELLE GLADE FL 33430

*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:** SABRINA BRYANT

PD

01/15/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date