|                           | Electronic Signature of Registered Agent |                 |                         |
|---------------------------|--|-----------------|-------------------------|
| Officer/Director Detail : |  |                 |                         |
| Title                     | P  | Title           | VP                      |
| Name                      | ISRAELSON, DONALD L                      | Name            | ISRAELSON, NANCY E      |
| Address                   | 2021 WHITE FEATHER LANE                  | Address         | 2021 WHITE FEATHER LANE |
| City-State-Zip:           | NOKOMIS FL 34275                         | City-State-Zip: | NOKOMIS FL 34275        |

#### **Current Mailing Address:**

2021 WHITE FEATHER LANE NOKOMIS, FL 34275

2021 WHITE FEATHER LANE NOKOMIS. FL 34275 US

SIGNATURE: JOHN E BUTLER

## FEI Number: 26-4434876

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

LJ ASSOCIATES USA INC 440 S TAMIAMI TRAIL OSPREY, FL 34229 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.

| 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: DONALD L ISRAELSON

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/08/2018

## FILED Mar 08, 2018 Secretary of State CC9949462948

03/08/2018 Date

Date

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000022506

Entity Name: COMPASS INSURANCE BROKERS INC

# **Current Principal Place of Business:**

City-State-Zip: NOKOMIS FL 34275

Certificate of Status Desired: No