

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000051402

**Entity Name:** MID-FLORIDA CROP INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

404 SOUTH 6TH AVE  
WAUCHULA, FL 33873

**Current Mailing Address:**

404 SOUTH 6TH AVE  
WAUCHULA, FL 33873 US

**FEI Number:** 27-0357951

**Certificate of Status Desired:** No

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

YEOMANS, MICHELLE L  
3604 HENDRY ROAD  
BOWLING GREEN, FL 33834 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 YEOMANS, JAMES WILLIAM JR  
Address 3604 HENDRY ROAD  
City-State-Zip: BOWLING GREEN FL 33834

Title VP  
Name YEOMANS, MICHELLE L  
Address 3604 HENDRY ROAD  
City-State-Zip: BOWLING GREEN FL 33834

*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:** MICHELLE YEOMANS

**VICE PRESIDENT**

**02/05/2016**

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

\_\_\_\_\_  
Date