

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000052516

Entity Name: TRIPLE E INSURANCE, INC

Current Principal Place of Business:

2713 GARDEN FALLS DR
BRANDON, FL 33511

Current Mailing Address:

2713 GARDEN FALLS DR
BRANDON, FL 33511 US

FEI Number: 90-0494301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABBLE, JAMES J
2713 GARDEN FALLS DR
BRANDON, FL 33511 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 | D | Title | P |
| Name | CABBLE, RAFAELA | Name | CABBLE, JAMES J |
| Address | 2713 GARDEN FALLS DR | Address | 2713 GARDEN FALLS DR |
| City-State-Zip: | BRANDON FL 33511 | City-State-Zip: | BRANDON FL 33511 |

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: JAMES CABBLE

PRESIDENT

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date