

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000068398

**Entity Name:** TOM BISHOP INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

170 E BOCA RATON RD  
#3  
BOCA RATON, FL 33432

**Current Mailing Address:**

170 E BOCA RATON RD  
#3  
BOCA RATON, FL 33432 US

**FEI Number: 80-0462393**

**Certificate of Status Desired: No**

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

BISHOP, TOM  
11371 SEA GRASS CIRCLE  
BOCA RATON, FL 33498 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/P  
Name BISHOP, TOM  
Address 11371 SEA GRASS CIRCLE  
City-State-Zip: BOCA RATON FL 33498

Title VP  
Name BISHOP, DAVID  
Address 11371 SEA GRASS CIRCLE  
City-State-Zip: BOCA RATON FL 33498

Title T, SECRETARY  
Name BISHOP, SANDY  
Address 11371 SEA GRASS CIRCLE  
City-State-Zip: BOCA RATON FL 33498

*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: TOM BISHOP** \_\_\_\_\_

**PRESIDENT**

**01/18/2016**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date