

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000077774

**FILED**  
**Feb 14, 2019**  
**Secretary of State**  
**4208559341CC**

**Entity Name:** BEACON INSURANCE AGENCY OF PACE, INC

**Current Principal Place of Business:**

4960 FOREST CREEK DR.  
PACE, FL 32571

**Current Mailing Address:**

4960 FOREST CREEK DR.  
PACE, FL 32571

**FEI Number:** 27-1168957

**Certificate of Status Desired:** No

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

FORTUNE, TERRY  
4960 FOREST CREEK DR.  
PACE, FL 32571 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 FORTUNE, TERRY  
Address 4960 FOREST CREEK DR.  
City-State-Zip: PACE FL 32571

Title VP  
Name FORTUNE, TERRY  
Address 4960 FOREST CREEK DR.  
City-State-Zip: PACE FL 32571

Title TRES  
Name FORTUNE, TERRY  
Address 4960 FOREST CREEK DR.  
City-State-Zip: PACE FL 32571

Title SEC  
Name FORTUNE, TERRY  
Address 4960 FOREST CREEK DR.  
City-State-Zip: PACE FL 32571

*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:** TERRY FORTUNE

**PRESIDENT**

**02/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date