

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000083120

Entity Name: ANGELO FAMILY INSURANCE AGENCY INC

Current Principal Place of Business:

3890 N LECANTO HWY
BEVERLY HILLS, FL 34465

Current Mailing Address:

3890 N LECANTO HWY
BEVERLY HILLS, FL 34465 US

FEI Number: 30-0583617

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGELO, JOSEPH M
3890 N LECANTO HWY
BEVERLY HILLS, FL 34465 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 ANGELO, JOSEPH M
Address 3890 N LECANTO HWY
City-State-Zip: BEVERLY HILLS FL 34465

Title VP
Name ANGELO, MARCA L
Address 3890 N LECANTO HWY
City-State-Zip: BEVERLY HILLS FL 34465

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: MARCA ANGELO

VP

02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date