

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000028584

Entity Name: ZARAHN INSURANCE AGENCY, INC.**Current Principal Place of Business:**229 BEVERLY PARKWAY
PENSACOLA, FL 32505**Current Mailing Address:**P.O. BOX 17105
PENSACOLA, FL 32522 US**FEI Number:** 45-1002507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZARAHN, EDWARD A
229 BEVERLY PARKWAY
PENSACOLA, FL 32505 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	ZARAHN, EDWARD A
Address	229 BEVERLY PARKWAY
City-State-Zip:	PENSACOLA FL 32505

Title	VP
Name	MCILWAIN, BARBARA Z
Address	229 BEVERLY PARKWAY
City-State-Zip:	PENSACOLA FL 32505

Title	S
Name	ZARAHN, EDWARD A
Address	229 BEVERLY PARKWAY
City-State-Zip:	PENSACOLA FL 32505

Title	T
Name	ZARAHN, EDWARD A
Address	229 BEVERLY PARKWAY
City-State-Zip:	PENSACOLA FL 32505

Title	VP
Name	COLEMAN, JARETT L
Address	4868 BROADLEAF DRIVE
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: BARBARA MCILWAIN

VICE-PRESIDENT

06/08/2020

Electronic Signature of Signing Officer/Director Detail_____
Date