

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000029873

Entity Name: WESTON INSURANCE HOLDINGS CORPORATION

Current Principal Place of Business:

2555 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 142057
CORAL GABLES, FL 33114

FEI Number: 45-1151889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 DP
Name LYONS, MICHAEL C
Address P.O. BOX 14-2057
City-State-Zip: CORAL GABLES FL 33114-2057

Title D
Name MCCULLY, BRYAN T
Address P.O. BOX 14-2057
City-State-Zip: CORAL GABLES FL 33114-2057

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: BRYAN T. MCCULLY

DIRECTOR

01/04/2017

Electronic Signature of Signing Officer/Director Detail

Date