

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000095544

**Entity Name:** PHIPPS INSURANCE INC

**Current Principal Place of Business:**

8149 PALM HARBOR WAY  
ORLANDO, FL 32822

**Current Mailing Address:**

8149 PALM HARBOR WAY  
ORLANDO, FL 32822 US

**FEI Number:** 47-2460215

**Certificate of Status Desired:** No

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

PHIPPS, VALERIE  
8149 PALM HARBOR WAY  
ORLANDO, FL 32822 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,T  
Name PHIPPS, WILLIAM J  
Address 8149 PALM HARBOR WAY  
City-State-Zip: ORLANDO FL 32822

Title VP,S  
Name PHIPPS, VALERIE A  
Address 8149 PALM HARBOR WAY  
City-State-Zip: ORLANDO FL 32822

*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:** WILLIAM PHIPPS

01/24/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date