

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000014412

**Entity Name:** HASSELL COMMERCIAL INSURANCE COMPANY

**Current Principal Place of Business:**

4250 LAKESIDE DR.,  
SUITE 211  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

PO BOX 380091  
JACKSONVILLE, FL 32205 US

**FEI Number:** 81-1445957

**Certificate of Status Desired:** No

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

CARTER BARRETT, SHERRI L  
4250 LAKESIDE DR.  
SUITE 211  
JACKSONVILLE, FL 32210 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 CARTER BARRETT, SHERRI  
Address PO BOX 380091  
City-State-Zip: JACKSONVILLE FL 32205

Title S  
Name THOMPSON, JAIME  
Address PO BOX 380091  
City-State-Zip: JACKSONVILLE FL 32205

*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:** JAIME THOMPSON

**SECRETARY**

**04/19/2017**

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

\_\_\_\_\_  
Date