

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000059279

Entity Name: MUTUAL INSURANCE AGENCY OF N.W.FL.INC.

Current Principal Place of Business:

2164 CALLE DE CASTELAR
NAVARRE ., FL 32566

Current Mailing Address:

P O BOX 5519
NAVARRE, FL 32566 US

FEI Number: 59-2888894

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROOD, RUSSELL E JR.
2164 CALLE DE CASTELAR
NAVARRE FL., FL 32566 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 PST
Name ROOD, RUSSELL JR.
Address 2164 CALLE DE CASTELAR
City-State-Zip: NAVARRE FL. AL 32566

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: RUSSELL ROOD

PST

07/05/2018

Electronic Signature of Signing Officer/Director Detail

Date