

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000087817

**Entity Name:** TRICE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1459 COVE HILL COURT  
LONGWOOD, FL 32750

**Current Mailing Address:**

1459 COVE HILL COURT  
LONGWOOD, FL 32750 US

**FEI Number:** 83-2205150

**Certificate of Status Desired:** No

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

TRICE, ROBERT P  
1459 COVE HILL COURT  
LONGWOOD, FL 32750 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 TRICE, ROBERT P  
Address 1459 COVE HILL COURT  
City-State-Zip: LONGWOOD FL 32750

*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:** ROBERT PALMER TRICE

**PRESIDENT**

**01/05/2024**

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

\_\_\_\_\_  
Date