

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000043632

Entity Name: SPECIALTY INSURANCE SERVICES, INC

Current Principal Place of Business:

3728 PHILIPS HIGHWAY
SUITE 1
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 5517
JACKSONVILLE, FL 32247 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLIFTON, STEVEN C
45161 BOOTH STREET
CALLAHAN, FL 32011 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 ERWIN, WILLIAM W JR
Address 3728 PHILIPS HIGHWAY
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name JONES, WALTER L
Address 3728 PHILIPS HIGHWAY
City-State-Zip: JACKSONVILLE FL 32207

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 W ERWIN JR

PRESIDENT

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date