

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005305

Entity Name: THE FLORIDA INSURANCE GROUP OF VOLUSIA, INC.

Current Principal Place of Business:

4826 NORTH U.S.HIGHWAY 17
DELEON SPRINGS, FL 32130

Current Mailing Address:

P.O. BOX 157
DELEON SPRINGS, FL 32130

FEI Number: 59-3227963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, ELAINE Y
1386 S. SAXON BLVD
DELTONA, FL 32725 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 V
Name RODRIGUEZ, JULIAN
Address 1386 S. SAXON B;VD
City-State-Zip: DELTONA FL 32725

Title P
Name RODRIGUEZ, ELAINE Y
Address 1386 S. SAXON BLVD.
City-State-Zip: DELTONA FL 32725

Title ST
Name RODRIGUEZ, ROSA B
Address 1386 S. SAXON BLVD.
City-State-Zip: DELTONA FL 32725

Title V
Name RODRIGUEZ, JULIAN E
Address 1386 S. SAXON BLVD
City-State-Zip: DELTONA FL 32725

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: ELAINE Y. RODRIGUEZ

PRESIDENT

04/02/2016

Electronic Signature of Signing Officer/Director Detail

Date