#### 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. 03/03/2022

PRES

#### SIGNATURE: ERIC J DEHLINGER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P97000011354

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# Entity Name: ASSOCIATION INSURANCE CONSULTANTS, INC.

# **Current Principal Place of Business:**

2514 W FERN ST TAMPA, FL 33614

#### **Current Mailing Address:**

P.O. BOX 15067 TAMPA, FL 33684 US

# FEI Number: 59-3432285

# Name and Address of Current Registered Agent:

DEHLINGER, ERIC J 2512 W FERN ST TAMPA, FL 33614 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 Registere

# **Officer/Director Detail :**

Title	PD	Title	STD
Name	DEHLINGER, ERIC J	Name	DEHLINGER, CAROLYN
Address	2512 WEST FERN ST	Address	2512 WEST FERN ST
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

ed Agent		
	Title	STD
	Name	DEHLINGER, CAROLYN

# FILED Mar 03, 2022 Secretary of State 8526698745CC

Certificate of Status Desired: No

Date

Date