

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000081703

**Entity Name:** ALL STAR INSURANCE, PLANT CITY, INC.

**Current Principal Place of Business:**

1860 JAMES REDMAN PARKWAY  
PLANT CITY, FL 33566

**Current Mailing Address:**

1860 JAMES REDMAN PARKWAY  
PLANT CITY, FL 33566

**FEI Number: 59-3472375**

**Certificate of Status Desired: No**

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

PANICO, F. BLAINE  
1860 JAMES REDMAN PARKWAY  
PLANT CITY, FL 33566 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	PVST	Title	D
Name	PANICO, F. BLAINE	Name	PANICO, F. BLAINE
Address	800 S DAVIS BLVD	Address	800 S DAVIS BLVD
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

*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: F. BLAINE PANICO**

**PRESIDENT**

**03/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date