

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068992

Entity Name: THE INSURANCE CONSULTING GROUP, INC.

Current Principal Place of Business:

8039 E. DR. MLK JR. BLVD
TAMPA, FL 33619

Current Mailing Address:

P.O. BOX 1955
MANGO, FL 33550 US

FEI Number: 59-3526240

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAUN, MITCHELL V
8039 E. DR. MLK JR. BLVD
TAMPA, FL 33619 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 VP
Name DUKE, LOYD A
Address 8039 E. DR. MLK JR. BLVD
City-State-Zip: TAMPA FL 33619

Title P
Name BRAUN, MITCHELL V
Address 8039 E. DR. MLK JR. BLVD
City-State-Zip: TAMPA FL 33619

Title VP
Name TOWNSEND, DWAYANE
Address 8039 E. DR. MLK JR. BLVD
City-State-Zip: TAMPA FL 33619

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: MITCHELL V BRAUN

P

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date