

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005483

Entity Name: CHAS. M. MOORE INSURANCE AGENCY, INCORPORATED**Current Principal Place of Business:**1007 STATE ST.
BOWLING GREEN, KY 42101**Current Mailing Address:**1007 STATE ST.
BOWLING GREEN, KY 42101**FEI Number: 61-0607472****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR
SUITE A
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR
Name ADAMS, WILLIAM T
Address 1007 STATE ST.
City-State-Zip: BOWLING GREEN KY 42101Title VP, DIRECTOR
Name ADAMS, CHARLES M
Address 1007 STATE ST.
City-State-Zip: BOWLING GREEN KY 42101Title SECRETARY
Name ADAMS, FELTON
Address 1007 STATE ST.
City-State-Zip: BOWLING GREEN KY 42101Title VP, DIRECTOR
Name CLARKE, CHARLES J
Address 1007 STATE ST.
City-State-Zip: BOWLING GREEN KY 42101

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 T ADAMS**PRESIDENT****04/04/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date