

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000815

**Entity Name:** TURNER & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

ONE SAINT ANDREWS COURT  
SUITE 101  
BRUNSWICK, GA 31520

**Current Mailing Address:**

PO BOX 40  
BRUNSWICK, GA 31521 US

**FEI Number:** 65-1187320

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES, INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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 P  
Name TURNER, ROBERT C  
Address 108 JULIENTON ISLAND DRIVE  
City-State-Zip: BRUNSWICK GA 31520

Title V  
Name TURNER, MARY F  
Address 108 JULIENTON ISLAND DRIVE  
City-State-Zip: BRUNSWICK GA 31520

Title ST  
Name CREWS, CHERYL A  
Address 9251 BROWNTOWN ROAD  
City-State-Zip: WAYNESVILLE GA 31566

*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:** CHERYL CREWS

**SECRETARY**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date