

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004838

Entity Name: FRANCHISE INSURANCE AGENCY, INC.

Current Principal Place of Business:

570 POLARIS PKWY
STE 450
WESTERVILLE, OH 43082

Current Mailing Address:

PO BOX 130
CEDAR CITY, UT 84721-0135 US

FEI Number: 31-1463095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SMITH, ROBERT L. JR.
Address 570 POLARIS PKWY
 STE 450
City-State-Zip: WESTERVILLE OH 43082

Title CEO, DIRECTOR, VP
Name SLACK, BRACK
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title CHAIRMAN
Name SMITH, VANCE K.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title SECRETARY
Name GRADY, KEVIN P.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title VP, DIRECTOR
Name MOLINO, SCOTT
Address 4200 HOOVER RD.
 SUITE A
City-State-Zip: GROVE CITY OH 43123

Title DIRECTOR
Name LEAVITT, ERIC O.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title VP, DIRECTOR
Name SEATON, JEFF
Address 570 POLARIS PKWY
 STE 450
City-State-Zip: WESTERVILLE OH 43082

Title ASST. SECRETARY
Name HALLOWS, ROCKY
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

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: ROCKY HALLOWS

ASST. SECRETARY

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date