

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004838

**Entity Name:** FRANCHISE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4342 REED ROAD  
COLUMBUS, FL 43220

**Current Mailing Address:**

PO BOX 130  
CEDAR CITY, UT 84721 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  
Address        4942 REED ROAD  
City-State-Zip: COLUMBUS OH 43220

Title            CEO, DIRECTOR  
Name            DALLEY, CAYLOR J  
Address        216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

Title            CHAIRMAN  
Name            SMITH, VANCE K  
Address        216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

Title            SECRETARY  
Name            KENNEY, MARK G  
Address        216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

Title            TREASURER  
Name            SNOW, DEREK  
Address        465 S 400 E STE 300  
City-State-Zip: SALT LAKE CITY UT 84111

*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: MARK G KENNEY**

**SECRETARY**

**04/16/2021**

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

\_\_\_\_\_  
Date