

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 280430

Entity Name: PRUETT-WILLIAMS INSURANCE AGENCY, INC.**Current Principal Place of Business:**203 ST. CLAIR ABRAMS AVE
TAVARES, FL 32778**Current Mailing Address:**PO BOX 1205
TAVARES, FL 32778**FEI Number:** 59-1084803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, PETER M
203 ST. CLAIR ABRAMS AVENUE
TAVARES, FL 32778 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:** PETER M. WILLIAMS

04/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	PETER M. WILLIAMS
Address	16935 DEER ISLAND ROAD
City-State-Zip:	TAVARES FL 32778
Title	VP
Name	WILLIAMS STEWART, CHRISTINE L
Address	15820 DORA AVENUE SUITE C
City-State-Zip:	TAVARES FL 32778

Title	S/T
Name	WILLIAMS, JUDITH A.
Address	16935 DEER ISLAND RD
City-State-Zip:	TAVARES FL 32778

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: PETER M. WILLIAMS

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date