

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290352

Entity Name: FLAGLER COUNTY INSURANCE AGENCY, INC.

Current Principal Place of Business:

406 E, MOODY BLVD.
BUNNELL, FL 32110

Current Mailing Address:

PO BOX 128
BUNNELL, FL 32110

FEI Number: 59-1096951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, RICHARD W
807 ARBOR GLEN CT
ORMOND BEACH, FL 32174 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 CPD
Name ROBERTS, RICHARD WYLLYS
Address P.O. BOX 2857
City-State-Zip: BUNNELL FL 32110

Title VPS
Name PEAVY-ROBERTS, JANET
Address PO BOX 2857
City-State-Zip: BUNNELL FL 32110

Title VST
Name ROBERTS, JANET PEAVY
Address P.O. BOX 2857
City-State-Zip: BUNNELL FL 32110

Title VP
Name ROBERTS, RICHARD
Address PO BOX 2857
City-State-Zip: BUNNELL FL 32110

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: RICHARD W ROBERTS

PRESIDENT/OWNER

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date