2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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Mar 07, 2016
Secretary of State
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Entity Name: ART JANES INSURANCE, INC.

Current Principal Place of Business:

815 B CYPRESS VILLAGE BLVD.
SUNCITY CENTER, FL 33573

Current Mailing Address:

815 B CYPRESS VILLAGE BLVD.
SUNCITY CENTER, FL 33573 US

FEI Number: 59-1204488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JANES,ARTHUR T
1938 WOLF LAUREL DR
SUN CITY CENTER, FL 33573 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	PD	Title	VS
Name	JANES,ARTHUR T	Name	II JANES, ARTHUR W
Address	1938 WOLF LAUREL DRIVE	Address	815 B CYPRESS VILLAGE BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573
Title	D	Title	TREASURER
Name	LEONARD, REBECCA L	Name	YOHO, JOHN D
Address	815 B CYPRESS VILLAGE BLVD	Address	815 B CYPRESS VILLAGE BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUNCITY CENTER FL 33573

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: ARTHUR W JANES II VS 03/07/2016

Electronic Signature of Signing Officer/Director Detail — Date