

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 314303

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
Name JANES,ARTHUR T
Address 1938 WOLF LAUREL DRIVE
City-State-Zip: SUN CITY CENTER FL 33573

Title D
Name LEONARD, REBECCA L
Address 815 B CYPRESS VILLAGE BLVD
City-State-Zip: SUN CITY CENTER FL 33573

Title VS
Name II JANES, ARTHUR W
Address 815 B CYPRESS VILLAGE BLVD.
City-State-Zip: SUN CITY CENTER FL 33573

Title TREASURER
Name YOHO, JOHN D
Address 815 B CYPRESS VILLAGE BLVD.
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: II JANES, ARTHUR W

VS

01/10/2018

Electronic Signature of Signing Officer/Director Detail

Date