

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 370253

**Entity Name:** CAPITAL INSURANCE AGENCY, INC.**Current Principal Place of Business:**1425 E PIEDMONT DRIVE  
SUITE 301  
TALLAHASSEE, FL 32308**Current Mailing Address:**P.O. BOX 15949  
TALLAHASSEE, FL 32317 US**FEI Number:** 59-1346146**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOORE, DOUGLAS W  
1425 E PIEDMONT DRIVE #301  
TALLAHASSEE, FL 32308 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:** DOUGLAS W. MOORE

05/01/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** EXECUTIVE VICE PRESIDENT,  
CHAIRMAN OF THE BOARD,  
DIRECTOR**Name** MOORE, DAVID M JR.**Address** 1425 EAST PIEDMONT DRIVE  
SUITE 301**City-State-Zip:** TALLAHASSEE FL 32308**Title** TREASURER**Name** CATNEY, BARBARA E**Address** 1425 E PIEDMONT DRIVE  
SUITE 301**City-State-Zip:** TALLAHASSEE FL 32308**Title** DIRECTOR**Name** FRANKLIN, CARLTON**Address** 1425 E PIEDMONT DRIVE  
SUITE 301**City-State-Zip:** TALLAHASSEE FL 32308**Title** DIRECTOR**Name** SNUGGS, SARABETH**Address** 1425 E PIEDMONT DRIVE  
SUITE 301**City-State-Zip:** TALLAHASSEE FL 32308**Title** PRESIDENT, CEO, DIRECTOR**Name** MOORE, DOUGLAS W**Address** 1425 E PIEDMONT DRIVE  
SUITE 301**City-State-Zip:** TALLAHASSEE FL 32308**Title** CORPORATE SECRETARY**Name** KEYSER, CHRISTINA "NINA" A**Address** 1425 E PIEDMONT DRIVE  
SUITE 301**City-State-Zip:** TALLAHASSEE FL 32308**Title** DIRECTOR**Name** RICHMOND, RONALD**Address** 1425 E PIEDMONT DRIVE  
SUITE 301**City-State-Zip:** TALLAHASSEE FL 32308

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:** CHRISTINA "NINA" KEYSERCORPORATE  
SECRETARY

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date