

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 390459

Entity Name: COMBINED INSURANCE SERVICES, INC.**Current Principal Place of Business:**1701 NE 42 AVE.
SUITE #200
OCALA, FL 34470**Current Mailing Address:**P.O. BOX 2438
OCALA, FL 34478 US**FEI Number:** 59-1364026**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAYLOR, ROBERT E
1701 NE 42 AVE.
OCALA, FL 34470 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	P
Name	COMBINED INSURANCE SERVICES, INC.
Address	1701 NE 42 AVE
City-State-Zip:	OCALA FL 34470

Title	PRESIDENT
Name	DALE, KRYSTAL
Address	9595 SW 51ST CIRCLE
City-State-Zip:	OCALA FL 34476

Title	CEO
Name	TAYLOR, ROBERT
Address	1701 NE 42 AVE. SUITE #200
City-State-Zip:	OCALA FL 34470

Title	VP
Name	TAYLOR, CHAD
Address	2405 NE 2ND STREET
City-State-Zip:	OCALA FL 34470

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: ROBERT TAYLOR

CEO

07/09/2018

Electronic Signature of Signing Officer/Director Detail_____
Date