

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 390459

Entity Name: COMBINED INSURANCE SERVICES, INC.

Current Principal Place of Business:

1701 NE 42 AVE.
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	Title	P
Name	COMBINED INSURANCE SERVICES, INC.	Name	TAYLOR, WILLIAM K
Address	1701 NE 42 AVE	Address	1701 NE 42 AVE. 200
City-State-Zip:	OCALA FL 34470	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 E. TAYLOR

CHAIRMAN

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date