

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597315

Entity Name: SMITH & THOMAS INSURANCE, INC.

Current Principal Place of Business:

115 ROGERS TERRACE
LAKELAND, FL 33803

Current Mailing Address:

3616 HARDEN BLVD #352
LAKELAND
LAKELAND, FL 33803 US

FEI Number: 59-1852916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, WILLIAM CJR
115 ROGERS TERRACE
LAKELAND, FL 33803 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 THOMAS, WILLIAM C., JR
Address 3616 HARDEN BLVD, #352
City-State-Zip: LAKELAND FL 33803

Title SD
Name THOMAS, WILLIAM C. JR.
Address 3616 HARDEN BLVD, #352
City-State-Zip: LAKELAND FL 33803

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: WILLIAM THOMAS

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date