2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2016
Secretary of State
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Entity Name: ITALIANO INSURANCE SERVICES, INC.

Current Principal Place of Business:

3021 SWANN AVE
TAMPA, FL 33609

Current Mailing Address:

P.O. BOX 18425
TAMPA, FL 33679-8425 US

FEI Number: 59-1892236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ITALIANO, JEFFREY G
3021 SWANN AVENUE
TAMPA, FL 33609 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	DV	Title	DP
Name	ITALIANO, NELSON AII	Name	ITALIANO, JEFFREY G
Address	150 PALM AVE	Address	P.O. BOX 18425
City-State-Zip:	BOCA GRANDE FL	City-State-Zip:	TAMPA FL 33679
Title	DST	Title	VP
Name	ITALIANO, JANE M	Name	LEVESQUE, JODY I
Address	P.O. BOX 18425	Address	208 S. O'BRIEN STREET
City-State-Zip:	TAMPA FL 33679	City-State-Zip:	TAMPA FL 33609

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: JEFFREY G ITALIANO DP 01/18/2016

Electronic Signature of Signing Officer/Director Detail — Date