

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 621663

**Entity Name:** SPECIALTY INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3911 NOVALINE LANE  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

PO BOX 11869  
JACKSONVILLE, FL 32239-1869

**FEI Number:** 59-1926432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DULANEY III, HARLEY KVP  
3911 NOVALINE LANE  
JACKSONVILLE, FL 32277 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            VSTD  
Name            DULANEY III, HARLEY K  
Address        3911 NOVALINE LANE  
City-State-Zip: JACKSONVILLE FL 32277

*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:** HARLEY K DULANEY III

VP

04/26/2016

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date