

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 621663

Entity Name: SPECIALTY INSURANCE SERVICES, INC.

Current Principal Place of Business:

6624 MERRILL ROAD
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
6624 MERRILL ROAD
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 6624 MERRILL ROAD
City-State-Zip: JACKSONVILLE FL 32239-1869

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

04/28/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date