

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G12226

**Entity Name:** TROPICAL TITLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

13180 LIVINGSTON ROAD  
SUITE 205  
NAPLES, FL 34109

**Current Mailing Address:**

13180 LIVINGSTON ROAD  
SUITE 205  
NAPLES, FL 34109 US

**FEI Number:** 59-2238122

**Certificate of Status Desired:** No

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

PHILLIPS, SIMONE  
13180 LIVINGSTON ROAD  
SUITE 205  
NAPLES, FL 34109 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	VP	Title	P
Name	PHILLIPS, SIMONE	Name	PHILLIPS, TIMOTHY ALAN
Address	13180 LIVINGSTON ROAD SUITE 205	Address	13180 LIVINGSTON ROAD SUITE 205
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

*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:** TIMOTHY PHILLIPS

**PRESIDENT**

**03/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date