

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41415

Entity Name: PHILIPS INSURANCE AGENCY, INC.

Current Principal Place of Business:

922 SOUTH SR 19
PALATKA, FL 32177

Current Mailing Address:

PO BOX 1606
PALATKA, FL 32178 US

FEI Number: 59-2307630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAFNER, LAURA
922 SOUTH SR 19
PALATKA, FL 32177 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: A G PHILIPS

02/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PT
Name HAFNER, LAURA
Address 1303 REID ST
City-State-Zip: PALATKA FL 32177

Title VS
Name MIKELL, JOHN
Address 1303 REID ST
City-State-Zip: PALATKA FL 32177

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: LAURA HAFNER

PRESIDENT

02/25/2016

Electronic Signature of Signing Officer/Director Detail

Date