

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60552

Entity Name: HARRELL AND ASSOCIATES INSURANCE AGENCY INC.

Current Principal Place of Business:

234 SPORTSMAN DRIVE
WELAKA, FL 32193

Current Mailing Address:

234 SPORTSMAN DRIVE
WELAKA, FL 32193 US

FEI Number: 59-2329691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRELL, T. CARL
234 SPORTSMAN DRIVE
WELAKA, FL 32193 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 PD
Name HARRELL, THOMAS C
Address 234 SPORTSMAN DR.
City-State-Zip: WELAKA FL 32193

Title VP
Name HARRELL, JOAN R.
Address 234 SPORTSMAN DR.
City-State-Zip: WELAKA FL 32193

Title T
Name HARRELL, RANDALL D.
Address 1043 SEABREEZE AVE.
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title S
Name OSHMAN, LISA L
Address 1168 RAVENSCROFT LANE
City-State-Zip: ST AUGUSTINE FL 32095

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: THOMAS OTHER (SPECIFY) HARRELL

PRESIDENT

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date