2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2018
Secretary of State
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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	Title	VP
Name	HARRELL, THOMAS C	Name	HARRELL, JOAN R.
Address	234 SPORTSMAN DR.	Address	234 SPORTSMAN DR.
City-State-Zip:	WELAKA FL 32193	City-State-Zip:	WELAKA FL 32193
Title	T	Title	S
Name	HARRELL, RANDALL D.	Name	OSHMAN, LISA L
Address	1043 SEABREEZE AVE.	Address	1168 RAVENSCROFT LANE
City-State-Zip:	JACKSONVILLE BEACH FL 32250	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 C. HARRELL PRESIDENT 01/24/2018

Electronic Signature of Signing Officer/Director Detail — Date