

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26737

Entity Name: FCCI AGENCY, INC.**Current Principal Place of Business:**6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240**Current Mailing Address:**6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240 US**FEI Number:** 59-2721241**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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** CHAIRMAN, DIRECTOR, PRESIDENT &
CEO**Name** JOHNSON, CRAIG**Address** 6300 UNIVERSITY PARKWAY**City-State-Zip:** SARASOTA FL 34240**Title** EVP, CFO & TREASURER**Name** SHOUCAIR, CHRISTOPHER**Address** 6300 UNIVERSITY PARKWAY**City-State-Zip:** SARASOTA FL 34240**Title** DIRECTOR**Name** YAHRAUS, ROY**Address** 6300 UNIVERSITY PARKWAY**City-State-Zip:** SARASOTA FL 34240**Title** DIRECTOR**Name** JACOBS, GORDON W.**Address** 6300 UNIVERSITY PARKWAY**City-State-Zip:** SARSOTA FL 34240**Title** DIRECTOR, VC**Name** BAUMANN, CHARLES**Address** 6300 UNIVERSITY PARKWAY**City-State-Zip:** SARASOTA FL 34240**Title** DIRECTOR**Name** FLANDERS, ROBERT**Address** 6300 UNIVERSITY PARKWAY**City-State-Zip:** SARASOTA FL 34240**Title** DIRECTOR**Name** COX, JOHN**Address** 6300 UNIVERSITY PARKWAY**City-State-Zip:** SARASOTA FL 34240**Title** EVP, COO**Name** WEILAND, LISA**Address** 6300 UNIVERSITY PARKWAY**City-State-Zip:** SARASOTA FL 34240**Continues on page 2**

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: /CHRISTINA WELCH/SECRETARY, EVP, GC,
CHIEF AUDIT AND
COMPLIANCE OFFICER

01/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, EVP, CHIEF ADMIN OFFICER
Name KROUSE, LISA A
Address 6300 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR
Name CARLTON, MARY LISA
Address 6300 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34240

Title SECRETARY, EVP, GC, CHIEF AUDIT
 AND COMPLIANCE OFFICER
Name WELCH, CHRISTINA D
Address 6300 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR
Name WELCH, JAMES MICHAEL
Address 6300 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34240