

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46895

Entity Name: INSURANCE WORLD FRANCHISOR, INC.**Current Principal Place of Business:**830 NW 13 STREET
GAINESVILLE, FL 32601**Current Mailing Address:**830 NW 13 STREET
GAINESVILLE, FL 32601 US**FEI Number:** 59-2918935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAZY, VICTOR JR
830 NW 13TH STREET
GAINESVILLE, FL 32601 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
Name	SMITH, STEPHEN M
Address	566 INTERNATIONAL SPEEDWAY BLVD.
City-State-Zip:	DAYTONA BCH. FL 32014

Title	P
Name	DOBRY, HAL
Address	10 MARTINIQUE COVE
City-State-Zip:	PALM BCH GARDENS FL

Title	VP
Name	ENLOW, LOWELL
Address	1210 S. WASHINGTON AVENUE
City-State-Zip:	TITUSVILLE FL 32780

Title	S/T
Name	HAZY, VICTOR
Address	830 NW 13TH STREET
City-State-Zip:	GAINESVILLE FL
Title	D
Name	LUCAS, STEVEN W
Address	214 TIMBERCOVE CIRCLE
City-State-Zip:	LONGWOOD FL 32779

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: STEPHEN M SMITH

VICE PRESIDENT

01/20/2018

Electronic Signature of Signing Officer/Director Detail_____
Date