

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37854

Entity Name: MEL HIMES AND ASSOCIATES INSURANCE AGENCY, INC.**Current Principal Place of Business:**321 STRATFORD COMMONS CT
DELTONA, FL 32725**Current Mailing Address:**321 STRATFORD COMMONS CT
DELTONA, FL 32725**FEI Number:** 59-2933057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HIMES, MELVIN F JR.
321 STRATFORD COMMONS CT
DELTONA, FL 32725 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:** MELVIN F HIMES JR

03/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COO
Name PIENKA, MARY A
Address 321 STRATFORD COMMONS CT
City-State-Zip: DELTONA FL 32725

Title CEO
Name HIMES, III, MELVIN F
Address 321 STRATFORD COMMONS CT
City-State-Zip: DELTONA FL 32725

Title SECRETARY
Name SCHMIDT, CARIE
Address 321 STRATFORD COMMONS CT
City-State-Zip: DELTONA FL 32725

Title D
Name HIMES, JONATHAN R
Address 321 STRATFORD COMMONS CT
City-State-Zip: DELTONA FL 32725

Title D
Name KELLY, ANGELA B
Address 321 STRATFORD COMMONS CT
City-State-Zip: DELTONA FL 32725

Title D
Name HIMES, JACKIE A
Address 321 STRATFORD COMMONS CT
City-State-Zip: DELTONA FL 32725

Title CFO
Name HIMES, MEL F JR.
Address 321 STRATFORD COMMONS CT
City-State-Zip: DELTONA FL 32725

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: MEL HIMES JR

CFO

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date