

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38995

Entity Name: SOUTHERN STATE LIFE & HEALTH INSURANCE AGENCY, INC.

Current Principal Place of Business:

1713 NW 3RD PL
CAPE CORAL, FL 33993

Current Mailing Address:

P.O. BOX100267
CAPE CORAL, FL 33910 US

FEI Number: 65-0165982

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAFFORD, NORMA J
1713 NW 3RD PL
CAPE CORAL, FL 33993 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: NORMA J GAFFORD

03/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name GAFFORD, NORMA J.
Address 1713 NW 3RD PL
City-State-Zip: CAPE CORAL FL 33993

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: NORMA J. GAFFORD

PRESIDENT

03/22/2021

Electronic Signature of Signing Officer/Director Detail

Date