

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L62500

**Entity Name:** PARKS INSURANCE CORPORATION

**Current Principal Place of Business:**

901 SW 60TH AVE  
OCALA, FL 34474

**Current Mailing Address:**

PO BOX 770788  
OCALA, FL 34477 US

**FEI Number:** 59-3003963

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

3H AGENT SERVICES  
901 SW 60TH AVENUE  
OCALA, FL 34474 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:** GARY T HARKER

04/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO AND DIRECTOR  
Name            GOLDSTEIN, WILLIAM  
Address        1 STATE STREET PLAZA, 9TH FLOOR  
  
City-State-Zip: NEW YORK NY 10004

Title            SECRETARY  
Name            TAYLOR, DEVIN  
Address        1 STATE STREET PLAZA, 9TH FLOOR  
  
City-State-Zip: NEW YORK NY 10004

Title            DIRECTOR  
Name            KUNNEY, MARC  
Address        ONE CALIFORNIA STREET, 4TH  
                  FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

Title            DIRECTOR  
Name            KILDUFF, RUTH  
Address        60 SOUTH STREET  
                  SUITE 800  
City-State-Zip: BOSTON MA 02111

*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:** DEVIN TAYLOR

SECRETARY

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date