

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M75374

**Entity Name:** VIVIAN Z. BRAAKSMA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

% VIVIAN Z. BRAAKSMA  
6905 W WATERS AVE  
TAMPA, FL 33634

**Current Mailing Address:**

12077 GANDY BLVD N #384  
STPETERSBURG, FL 33702 US

**FEI Number:** 59-2889943

**Certificate of Status Desired:** No

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

BRAAKSMA, VIVIAN Z.  
12077 GANDY BLVD N #384  
STPETERSBURG, FL 33702 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 P  
Name BRAAKSMA, VIVIAN Z.  
Address 12077 GANDY BLVD N #384  
City-State-Zip: STPETERSBURG FL 33702

*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:** VIVIAN BRAAKSMA

P

03/01/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date