

2017 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

FILED
Mar 02, 2017
Secretary of State
CC2362540337

Current Mailing Address:

% VIVIAN Z. BRAAKSMA
1960 ARROWHEAD DR NE
ST PETERSBURG, FL 33703 US

FEI Number: 59-2889943

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAAKSMA, VIVIAN Z.
6905 W WATERS AVE
TAMPA, FL 33634 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 % VIVIAN Z. BRAAKSMA
 1960 ARROWHEAD DR NE
City-State-Zip: ST PETERSBURG FL 33703

Title T
Name BRAAKSMA, HAROLD
Address % VIVIAN Z. BRAAKSMA
 1960 ARROWHEAD DR NE
City-State-Zip: ST PETERSBURG FL 33703

Title S
Name ZARATE, JACQUELINE ANN
Address % VIVIAN Z. BRAAKSMA
 1960 ARROWHEAD DR NE
City-State-Zip: ST PETERSBURG FL 33703

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 Z BRAAKSMA

PRESIDENT

03/02/2017

Electronic Signature of Signing Officer/Director Detail

Date