

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000038364

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC0428028523**

**Entity Name:** JHC INSURANCE CORP.

**Current Principal Place of Business:**

11700 N 58TH STREET  
2ND FLOOR SUITE F  
TAMPA, FL 33617

**Current Mailing Address:**

11700 N 58TH STREET  
2ND FLOOR SUITE F  
TAMPA, FL 33617 US

**FEI Number:** 59-3725144

**Certificate of Status Desired:** No

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

CIACCIO, JOSEPH H  
11700 N 58TH STREET  
2ND FLOOR SUITE F  
TAMPA, FL 33617 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            D  
Name            CIACCIO, JOSEPH H  
Address        11700 N 58TH STREET  
                  2ND FLOOR SUITE F  
City-State-Zip: TAMPA FL 33617

*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:** JOSEPH H CIACCIO

**PRESIDENT**

**02/17/2016**

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

\_\_\_\_\_  
Date