

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000065448

**Entity Name:** SPECIALTY INSURANCE GROUP OF BAY COUNTY, INC.

**Current Principal Place of Business:**

621 NORTH TYNDALL PARKWAY STE C  
PANAMA CITY, FL 32404

**Current Mailing Address:**

621 NORTH TYNDALL PARKWAY STE C  
PANAMA CITY, FL 32404

**FEI Number: 11-3693947**

**Certificate of Status Desired: No**

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

BOND, JENNIFER D  
621 NORTH TYNDALL PARKWAY STE C  
PANAMA CITY, FL 32404 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 BOND, JENNIFER D  
Address 621 NORTH TYNDALL PARKWAY STE  
C  
City-State-Zip: PANAMA CITY FL 32404

*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: JENNIFER BOND**

**PRES**

**01/13/2015**

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

\_\_\_\_\_ Date