

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000114491

**Entity Name:** DAVID TATE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2566 MCMULLEN BOOTH RD.  
SUITE B  
CLEARWATER, FL 33761

**Current Mailing Address:**

2566 MCMULLEN BOOTH RD.  
SUITE B  
CLEARWATER, FL 33761 US

**FEI Number:** 20-0305266

**Certificate of Status Desired:** No

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

LAU, JAMES V  
4294 AUSTON WAY  
PALM HARBOR, FL 34685 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 TATE, DAVID L  
Address 2566 B MCMULLEN BOOTH RD.  
City-State-Zip: CLEARWATER FL 33761

Title P  
Name TATE, DAVID L  
Address 2566 B MCMULLEN BOOTH RD.  
City-State-Zip: CLEARWATER FL 33761

Title S  
Name TATE, DAVID L  
Address 2566 B MCMULLEN BOOTH RD.  
City-State-Zip: CLEARWATER FL 33761

Title T  
Name TATE, DAVID L  
Address 2566 B MCMULLEN BOOTH RD.  
City-State-Zip: CLEARWATER FL 33761

*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:** DAVID L. TATE

**PRESIDENT**

**03/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date