2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2014
Secretary of State
CC1736161929

DOCUMENT# P04000035219

Entity Name: BLAIR INSURANCE SERVICE, INC.

Current Principal Place of Business:

5001 S. HWY 17-92
CASSELBERRY, FL 32718

Current Mailing Address:

P.O. BOX 180398
CASSELBERRY, FL 32718

FEI Number: 20-1127845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, BLAIR T
1501 E CONCORD STREET
ORLANDO, FL 32803 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	PRES	Title	V.P
Name	MANUEL, MICHAEL W	Name	MANUEL, SUZANNA P
Address	5001 S. HWY 17-92	Address	5001 S. HWY 17-92
City-State-Zip:	CASSELBERRY FL 32718	City-State-Zip:	CASSELBERRY FL 32718

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: MICHAEL W. MANUEL PRESIDENT 04/09/2014

Electronic Signature of Signing Officer/Director Detail — Date