

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097601

Entity Name: HUGH CAIN TOWNE CENTRE INSURANCE, INC

Current Principal Place of Business:

16181 NW US HWY 441
UNIT 180
ALACHUA, FL 32615

Current Mailing Address:

16181 NW US HWY 441
UNIT 180
ALACHUA, FL 32615 US

FEI Number: 20-1301023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAIN, FITZHUGH LIII
24627 NW 110 AVE
ALACHUA, FL 32615 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 CAIN, FITZHUGH LIII
Address 24627 NW 110 AVE
City-State-Zip: ALACHUA FL 32615

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: FITZHUGH CAIN L111 _____

AGENCY OWNER

03/24/2020

Electronic Signature of Signing Officer/Director Detail

_____ Date