

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115688

Entity Name: CARRON INSURANCE AGENCY, INC.

Current Principal Place of Business:

1010 WEST CASS ST
TAMPA, FL 33606

Current Mailing Address:

PO BOX 340344
TAMPA, FL 33694 US

FEI Number: 20-1057616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARRON, LOUIS JJR
1010 WEST CASS ST
TAMPA, FL 33606 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 CARRON, LOUIS JJR
Address PO BOX 340344
City-State-Zip: TAMPA FL 33694

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: LOUIS J CARRON JR

PRESIDENT

01/09/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date