

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149504

Entity Name: HARDAKER INSURANCE SERVICES, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32204

Current Mailing Address:

1000 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32204 US

FEI Number: 20-1825688

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIDNEY SIMMONS, P.A.
1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 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
Name HARDAKER, WILLIAM R
Address 2314 FIDDLERS LANE
City-State-Zip: ATLANTIC BEACH FL 32233

Title S/T
Name HARDAKER, LANA W
Address 2314 FIDDLERS LANE
City-State-Zip: ATLANTIC BEACH FL 32233

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: LANA HARDAKER

S/T

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date