

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169809

Entity Name: MAX MARINE INSURANCE, INC.

Current Principal Place of Business:

2404 SAPODILLA LN
ST JAMES CITY, FL 33956

Current Mailing Address:

P O BOX 779
ST JAMES CITY, FL 33956

FEI Number: 41-2161364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODARD, MAXINE
2404 SAPODILLA LN
ST JAMES CITY, FL 33956 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 PD
Name WOODARD, MAXINE
Address 2404 SAPODILLA LN
City-State-Zip: ST JAMES CITY FL 33956

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: MAXINE WOODARD

PRESIDENT

02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date