2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2017
Secretary of State
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Entity Name: HARDIN INSURANCE, INC.

Current Principal Place of Business:

3305 ATLANTIC BLVD., STE. A
JACKSONVILLE, FL 32207

Current Mailing Address:

3305 ATLANTIC BLVD., STE. A
JACKSONVILLE, FL 32207

FEI Number: 56-2560282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARDIN, MICHAEL C.
44020 MAUDE ST
CALLAHAN, FL 32011 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	DP	Title	T
Name	HARDIN, MICHAEL C.	Name	HARDIN, TRACY M.
Address	3305 ATLANTIC BLVD., STE. A	Address	3305 ATLANTIC BLVD., STE. A
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

Title	S
Name	CROSBY, CANDACE H.
Address	3305 ATLANTIC BLVD., STE. A
City-State-Zip:	JACKSONVILLE FL 32207

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 C.HARDIN PRESIDENT 04/07/2017

Electronic Signature of Signing Officer/Director Detail — Date