

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155594

Entity Name: JEAN L. WILLIAMS INSURANCE, INC.

Current Principal Place of Business:

530 US HWY 41 BYPASS SOUTH
UNIT 6A
VENICE, FL 34285

Current Mailing Address:

P.O. BOX 1507
VENICE, FL 34284

FEI Number: 20-8109598

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, MARY
1300 ENTERPRISE DR
SUITE A
PORT CHARLOTTE, FL 33953 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: MARY WILLIAMS

02/24/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-------------------|-----------------|-------------------|
| Title | P | Title | VP |
| Name | WILLIAMS, JEAN L | Name | THOMPSON, PATTY L |
| Address | 625 LINDEN ROAD | Address | 625 LINDEN ROAD |
| City-State-Zip: | VENICE FL 34293 | City-State-Zip: | VENICE FL 34293 |
| | | | |
| Title | SEC | | |
| Name | THOMPSON, PATTY L | | |
| Address | 625 LINDEN ROAD | | |
| City-State-Zip: | VENICE FL 34293 | | |

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: PATTY L THOMPSON

VICE PRESIDENT

02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date