

**2015 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:**

ARMENTROUT, TERRY L  
170 W DEARBORN ST  
ENGLEWOOD, FL 34223 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 WILLIAMS, JEAN L  
Address 625 LINDEN ROAD  
City-State-Zip: VENICE FL 34293

Title VP  
Name THOMPSON, PATTY L  
Address 625 LINDEN ROAD  
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**

**03/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date