## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157260

Entity Name: JERALDS INSURANCE AGENCY, INC.

# **Current Principal Place of Business:**

10250 NORMANDY BLVD STE 501 JACKSONVILLE, FL 32221

## **Current Mailing Address:**

10250 NORMANDY BLVD STE 501 JACKSONVILLE, FL 32221

FEI Number: 51-0614042 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JERALDS, MICHELLE 10250 NORMANDY BLVD STE 501 JACKSONVILLE, FL 32221 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

**FILED** Apr 19, 2016

**Secretary of State** 

CC9125091973

#### Officer/Director Detail:

Title

JERALDS, MICHELLE Name

10250 NORMANDY BLVD STE 501 Address

City-State-Zip: JACKSONVILLE FL 32221

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.