2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2018
Secretary of State
CC0029827303

DOCUMENT# P08000001192

Entity Name: TIM MURPHY INSURANCE, INC.

Current Principal Place of Business:

140 GATEWAY CIRCLE
1
JACKSONVILLE, FL 32259

Current Mailing Address:

140 GATEWAY CIRCLE
1
JACKSONVILLE, FL 32259

FEI Number: 26-1684512

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, JAMES T
140 GATEWAY CIRCLE
1
JACKSONVILLE, FL 32259 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	Title	VP
Name	MURPHY, JAMES T	Name	MURPHY, KERRI E
Address	929 E. PLEASANT PLACE	Address	929 E. PLEASANT PLACE
City-State-Zip:	JACKSONVILLE FL 32259	City-State-Zip:	JACKSONVILLE FL 32259

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: JAMES T MURPHY PRESIDENT 01/08/2018

Electronic Signature of Signing Officer/Director Detail — Date