

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000070820

**Entity Name:** TOWER HILL CLAIMS SERVICE II, INC.

**Current Principal Place of Business:**

7201 NW 11TH PLACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

P.O. BOX 147018  
GAINESVILLE, FL 32614-7018 US

**FEI Number: 26-3299830**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROWE, SCOTT P  
7201 NW 11TH PLACE  
GAINESVILLE, FL 32605 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           DIRECTOR, PRESIDENT,  
                  SECRETARY, TREASURER  
Name           SHIVELY, WILLIAM J  
Address        P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title           DIRECTOR  
Name           SHIVELY, MATTHEW  
Address        P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title           DIRECTOR  
Name           RIORDAN, NICOLE  
Address        P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title           VP  
Name           MATZ, DONALD C JR.  
Address        P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

*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: WILLIAM J. SHIVELY**

**PRESIDENT**

**02/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date