

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000061281

Entity Name: ABRAHAM INSURANCE AGENCY, INC.

Current Principal Place of Business:

102 SOUTH L B BROWN AVE
BARTOW, FL 33830

Current Mailing Address:

102 SOUTH L B BROWN AVE
BARTOW, FL 33830

FEI Number: 27-3097336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, TONY M
1504 ARTHUR BLVD
LAKELAND, FL 33801 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: TONY M WILLIAMS

03/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name WILLIAMS, TONY M
Address 1504 ARTHUR BLVD
City-State-Zip: LAKELAND FL 33801

Title VP
Name WILLIAMS, SANDRA E
Address 1504 ARTHUR BLVD
City-State-Zip: LAKELAND FL 33801

Title SEC
Name WILLIAMS, SANDRA
Address 102 SOUTH L B BROWN AVE
City-State-Zip: BARTOW FL 33830

Title TRES
Name WILLIAMS, TONY M
Address 102 SOUTH L B BROWN AVE
City-State-Zip: BARTOW FL 33830

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: TONY M. WILLIAMS

PRESIDENT

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date