

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000031193

**Entity Name:** FLORIDA MANUFACTURED HOME INSURANCE, INC.

**Current Principal Place of Business:**

38511 5TH AVENUE  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

P. O. BOX 908  
ZEPHYRHILLS, FL 33539

**FEI Number:** 90-0966753

**Certificate of Status Desired:** No

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

SURRATT, SAMUEL W III  
38511 5TH AVENUE  
ZEPHYRHILLS, FL 33542 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/D  
Name SURRATT, SAMUEL W III  
Address 38511 5TH AVENUE  
City-State-Zip: ZEPHYRHILLS FL 33542

Title S/T  
Name SURRATT, LINDA S  
Address 38511 5TH AVENUE  
City-State-Zip: ZEPHYRHILLS FL 33542

Title SECRETARY  
Name MILLER, ANDREW J  
Address P. O. BOX 908  
City-State-Zip: ZEPHYRHILLS FL 33539

Title TREASURER  
Name MILLER, KIMBERLY S  
Address P. O. BOX 908  
City-State-Zip: ZEPHYRHILLS FL 33539

*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:** SAMUEL W SURRATT, III

**PRESIDENT**

**01/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date