

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000081113

Entity Name: SWFL INSURANCE AGENCY, INC.

Current Principal Place of Business:

8595 COLLEGE PARKWAY
SUITE 160
FORT MYERS, FL 33919

Current Mailing Address:

8595 COLLEGE PARKWAY SUITE 160
FORT MYERS, FL 33919 US

FEI Number: 47-1994439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITLOCK, ROBERT H
8595 COLLEGE PARKWAY, SUITE 160
FORT MYERS, FL 33919 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
Name WHITLOCK, ROBERT H
Address 4666 SOUTH LANDINGS DRIVE
City-State-Zip: FORT MYERS FL 33919

Title VP
Name WEAVER, JOSH H
Address 7250 HENDRY CREEK DRIVE
City-State-Zip: FORT MYERS FL 33908

Title S
Name WHITLOCK, ROBERT H
Address 4666 SOUTH LANDINGS DRIVE
City-State-Zip: FORT MYERS FL 33919

Title T
Name WHITLOCK, ROBERT H
Address 4666 SOUTH LANDINGS DRIVE
City-State-Zip: FORT MYERS FL 33919

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: ROBERT H. WHITLOCK

PRESIDENT

03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date