

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000014412

Entity Name: HASSELL COMMERCIAL INSURANCE COMPANY

Current Principal Place of Business:

4250 LAKESIDE DR.,
SUITE 211
JACKSONVILLE, FL 32210

Current Mailing Address:

PO BOX 380091
JACKSONVILLE, FL 32205 US

FEI Number: 81-1445957

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARTER BARRETT, SHERRI L
4250 LAKESIDE DR.
SUITE 211
JACKSONVILLE, FL 32210 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 CARTER BARRETT, SHERRI
Address PO BOX 380091
City-State-Zip: JACKSONVILLE FL 32205

Title S
Name THOMPSON, JAIME
Address PO BOX 380091
City-State-Zip: JACKSONVILLE FL 32205

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: JAIME THOMPSON

SECRETARY

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date