

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000039750

Entity Name: STORY INSURANCE SERVICES, INC.

Current Principal Place of Business:

224 WEST NEWELL STREET
WINTER GARDEN, FL 34787

Current Mailing Address:

224 WEST NEWELL STREET
WINTER GARDEN, FL 34787 US

FEI Number: 82-1656639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STORY, SUSAN
224 WEST NEWELL STREET
WINTER GARDEN, FL 34787 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 STORY, SUSAN
Address 224 WEST NEWELL STREET
City-State-Zip: WINTER GARDEN FL 34787

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: SUSAN B. STORY

RA

02/18/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date