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: CAROLYN JANETTE TUCKER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P92000010234

Entity Name: CAROLYN TUCKER INSURANCE AGENCY, INC.

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

905 BIG TREE ROAD SOUTH DAYTONA, FL 32119

Current Mailing Address:

905 BIG TREE ROAD SOUTH DAYTONA. FL 32119

FEI Number: 59-3155679

Name and Address of Current Registered Agent:

TUCKER, CAROLYN 905 BIG TREE ROAD SOUTH DAYTONA, FL 32119 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

Officer/Director Detail :

Title	PD	Title	VP
Name	TUCKER, CAROLYN	Name	TUCKER, DAVID
Address	820 WILLIAM LANE	Address	905 BIG TREE ROAD
City-State-Zip:	PORT ORANGE FL 32127	City-State-Zip:	SOUTH DAYTONA FL 32119

Certificate of Status Desired: No

FILED Apr 11, 2023 Secretary of State 6046309067CC

Date

04/11/2023 Date

PRESIDENT