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 TUCKER

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address: 905 BIG TREE ROAD

Current Principal Place of Business:

SOUTH DAYTONA. FL 32119

FEI Number: 59-3155679

SOUTH DAYTONA, FL 32119

905 BIG TREE ROAD

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

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

Certificate of Status Desired: No

FILED Mar 04, 2024 Secretary of State 0954556944CC

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: CAROLYN TUCKER INSURANCE AGENCY, INC.

DOCUMENT# P92000010234

PRESIDENT

03/04/2024 Date

Date