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.

DIRECTOR

SIGNATURE: JOSEPH STAZZONE

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | D | Title | EVP |
|-----------------|---------------------------------|-----------------|---------------------------------|
| Name | STAZZONE, JOSEPH | Name | STAZZONE, VINCENT C |
| Address | 6549 N WICKHAM ROAD UNIT 101 | Address | 6549 N WICKHAM ROAD UNIT 101 |
| City-State-Zip: | MELBOURNE FL 32940 | City-State-Zip: | MELBOURNE FL 32940 |

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077880

Entity Name: WILLIAMS AND STAZZONE INSURANCE AGENCY, INC.

Current Principal Place of Business:

6549 N WICKHAM ROAD UNIT 101 MELBOURNE, FL 32940

Current Mailing Address:

6549 N WICKHAM ROAD UNIT 101 MELBOURNE, FL 32940 US

FEI Number: 65-0623672

Name and Address of Current Registered Agent:

STAZZONE, JOSEPH 6549 N WICKHAM RD UNIT 101 MELBOURNE, FL 32940 US

01/16/2020

Date

FILED Jan 16, 2020 Secretary of State 0421861346CC

Date

Certificate of Status Desired: No

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: