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: VINCENT STAZZONE

Electronic Signature of Signing Officer/Director Detail

EVP

03/08/2021

Date

DOCUMENT# P95000077880

Entity Name: WILLIAMS AND STAZZONE INSURANCE AGENCY, INC.

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

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	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

Certificate of Status Desired: No

FILED Mar 08, 2021 Secretary of State 0436401932CC

Date