

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000055450

**Entity Name:** SEACOAST UNDERWRITERS, INC.

**Current Principal Place of Business:**

500 S. DIXIE HWY  
SUITE 220  
CORAL GABLES, FL 33146

**Current Mailing Address:**

500 S. DIXIE HWY  
SUITE 220  
CORAL GABLES, FL 33146 US

**FEI Number:** 65-0679516

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE - 1ST FLOOR  
TALLAHASSEE, FL 32301 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 D  
Name CHAFFIN, R. C.  
Address 6467 SUNSET DRIVE  
City-State-Zip: S. MIAMI FL 33143

Title D  
Name CHAFFIN, SUZANNE  
Address 6467 SUNSET DRIVE  
City-State-Zip: S. MIAMI FL 33143

Title D  
Name SEACREST, GARY L  
Address 7390 WILDERCLIFF DRIVE  
City-State-Zip: ATLANTA GA 30328

Title D  
Name CHAFFIN, JASON SHAWN  
Address 882 SILVERADO CT.  
City-State-Zip: LAKE MARY FL 32746

*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:** SUZANNE CHAFFIN

**DIRECTOR**

**05/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date