

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067362

Entity Name: PENINSULA INSURANCE GROUP, INC.

Current Principal Place of Business:

3050 NW 23 AVE
OAKLAND PARK, FL 33311

Current Mailing Address:

PO BOX 70838
FORT LAUDERDALE, FL 33307 US

FEI Number: 65-0694248

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLEVELAND III, JAMES W
4800 BAYVIEW DR
#401
FTLAUDERDALE, FL 33308 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 PRES
Name CLEVELAND , JAMES W III
Address 4800 BAYVIEW DR
 #401
City-State-Zip: FT LAUDERDALE FL 33308

Title TREA
Name PHILIP, JEAN
Address 7744 GARDNER DR
 102
City-State-Zip: NAPLES FL 34109

Title VP
Name MANNING, IRENE
Address PO BOX 70838
City-State-Zip: FORT LAUDERDALE FL 33307

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: JAMES W CLEVELAND III

PRESIDENT

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date