

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000000375

**Entity Name:** GIFFORD-HEIDEN INSURANCE, INC.

**Current Principal Place of Business:**

111 E. VENICE AVE  
VENICE, FL 34285-1925

**Current Mailing Address:**

111 E. VENICE AVE  
VENICE, FL 34285-1925 US

**FEI Number:** 65-0795930

**Certificate of Status Desired:** No

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

LPS CORPORATE SERVICES, INC.  
1858 RINGLING BOULEVARD  
SUITE 300  
SARASOTA, FL 34236 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 P, VP  
Name GIFFORD, NICOLE T  
Address 1753 SOUTH DRIVE  
City-State-Zip: SARASOTA FL 34239

Title DST  
Name GIFFORD, VIRGINIA  
Address 3957 ROBERTS PT. RD.  
City-State-Zip: SARASOTA FL 34242

*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:** NICOLE T. GIFFORD

**PRESIDENT**

**04/19/2021**

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

\_\_\_\_\_ Date