

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096033

Entity Name: FLORIDA HOME BUILDERS INSURANCE, INC.**Current Principal Place of Business:**2600 CENTENNIAL PLACE
TALLAHASSEE, FL 32308**Current Mailing Address:**PO BOX 15459
TALLAHASSEE, FL 32317-5459 US**FEI Number:** 59-3478874**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSH, BENJAMIN B.
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 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:** BENJAMIN B. BUSH

02/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name CARTER, DAVID
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name BAGGETT, ALAN
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name BOURRE, MICHAEL
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name LINDER, JERRY
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title CEO
Name WILLIAMS, JAY K
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name HALL, CINDY
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name O'DOWD, STEVE
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name MATOVINA, GREGORY
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

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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: KIMBERLY SCOTT

CFO

02/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HANSFORD, GEORGE
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name TRUEX, BILL
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name NYCE, CHARLES
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title CFO
Name SCOTT, KIMBERLY
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name FLACK, BILL
Address 2600 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308