

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53027

Entity Name: SCHOONER INSURANCE SERVICES, INC.

Current Principal Place of Business:

9851 SR 54
NEW PORT RICHEY, FL 34655

Current Mailing Address:

9851 SR 54
NEW PORT RICHEY, FL 34655 US

FEI Number: 59-3079793

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANK A. SCIMECA
6608 BAYBROOKS CIR
TEMPLE TERRACE, FL 33617 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 SCIMECA, FRANK A.
Address 6608 BAYBROOKS CIR
City-State-Zip: TEMPLE TERRACE FL 33617

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: FRANK A SCIMECA

D

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date