Electronic Signature of Signing Officer/Director Detail

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:

#### ... **/ - ·**

Officer/Director Detail :			
Title	VD	Title	PST
Name	THOMAS B. ELDIRIDGE	Name	HAGAR, GREGORY BRANNEN
Address	3109 S CYGNET TERRACE	Address	9076 E. SANDPIPER DR
City-State-Zip:	INVERNESS FL 34450	City-State-Zip:	INVERNESS FL 34450

## **DOCUMENT# 320728**

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: HAGAR - BRANNEN INSURANCE INC

## **Current Principal Place of Business:**

151 E HIGHLAND BLVD 171 INVERNESS, FL 34452

### **Current Mailing Address:**

151 E HIGHLAND BLVD 171 INVERNESS, FL 34452 US

### FEI Number: 59-1567162

### Name and Address of Current Registered Agent:

BRANNEN HAGAR, GREGORY 151 E HIGHLAND BLVD 171 INVERNESS, FL 34452 US

> Electronic Signature of Registered Agent Date

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. 01/21/2022 PRESIDENT

# SIGNATURE: GREGORY B HAGAR

FILED Jan 21, 2022 Secretary of State 3823894730CC

Certificate of Status Desired: No

Date