

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000555

Entity Name: CENTENNIAL INSURANCE AGENCY, INC.**Current Principal Place of Business:**1900 JOHN HARDEN
JACKSONVILLE, AR 72076**Current Mailing Address:**PO BOX 1028
CABOT, AR 72023-1028 US**FEI Number: 71-0841082****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPARKS, TIM
22 AVE E
APALACHICOLA, FL 32320 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	SECRETARY
Name	KRISELL, ANGELA
Address	1900 JOHN HARDEN
City-State-Zip:	JACKSONVILLE AR 72076

Title	DIRECTOR
Name	FRENCH, TRACY
Address	1900 JOHN HARDEN
City-State-Zip:	JACKSONVILLE AR 72076

Title	DIRECTOR
Name	SPARKS, TIM
Address	1900 JOHN HARDEN
City-State-Zip:	JACKSONVILLE AR 72076

Title	DIRECTOR
Name	TIPTON, STEPHEN
Address	1900 JOHN HARDEN
City-State-Zip:	JACKSONVILLE AR 72076

Title	PRESIDENT/CEO
Name	SPARKS, TIM
Address	1900 JOHN HARDEN
City-State-Zip:	JACKSONVILLE AR 72076

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: TIM SPARKS**PRESIDENT/CEO****04/07/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date