## **2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004346

Entity Name: BAY INSURANCE RISK RETENTION GROUP, INC.

FILED
Jan 19, 2022
Secretary of State
2877887090CC

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

1208 EAST KENNEDY BOULEVARD SUITE 132 TAMPA FL 33602

## **Current Mailing Address:**

146 FAIRCHILD STREET SUITE 135 CHARLESTON, SC 29492 US

FEI Number: 46-5756046 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WILCOX, JANETTE 13901 SUTTON PARK DR. S. BLDG. C, STE 360 JACKSONVILLE, FL 32224 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 CPT Title D

Name TROY, JOSEPH Name WILSON, JOHN T

Address 1208 E. KENNEDY BLVD., SUITE 132 Address 1208 E. KENNEDY BLVD., SUITE 132

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title D Title S, D

Name COUTLER, MICHAEL J. Name MCAVOY, JOHN

Address 146 FAIRCHILD STREET Address 1208 EAST KENNEDY BOULEVARD

SUITE 135 SUITE 132

City-State-Zip: CHARLESTON SC 29492 City-State-Zip: TAMPA FL 33602

Title D

Name BURNS, MIKE

Address 500 WATER STREET

C115

City-State-Zip: JACKSONVILLE FL 32202

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.

S

Electronic Signature of Signing Officer/Director Detail