2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001082

Entity Name: FARMER-ORTH-LEAVITT INSURANCE AGENCY, INC.

FILED
Apr 01, 2023
Secretary of State
2829974078CC

Current Principal Place of Business:

919 N 1ST ST. PHOENIX, AZ 85004

Current Mailing Address:

ATTN: DAYE BEARNSON

PO BOX 130

CEDAR CITY. UT 84721-0135 US

FEI Number: 86-0648692 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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
 CEO, DIRECTOR
 Title
 DIRECTOR

 Name
 LONGHURST, BRACKEN
 Name
 LEAVITT, ERIC

Address ATTN: DAYE BEARNSON Address ATTN: DAYE BEARNSON

PO BOX 130 PO BOX 130

City-State-Zip: CEDAR CITY UT 84721-0135 City-State-Zip: CEDAR CITY UT 84721-0135

Title VP, DIRECTOR Title PRESIDENT, DIRECTOR

NameFARMER, JAMESNameWOODS, TIMAddress919 N 1ST ST.Address919 N 1ST ST.

City-State-Zip: PHOENIX AZ 85004 City-State-Zip: PHOENIX AZ 85004

Title SECRETARY Title T

NameKENNEY, MARK GNameLEAVITT, MIKEAddressATTN: DAYE BEARNSONAddress216 S 200 W

PO BOX 130

City-State-Zip: CEDAR CITY UT 84720

Title TREASURER
Name HARDMAN, JAKE

Address ATTN: DAYE BEARNSON

PO BOX 130

City-State-Zip: CEDAR CITY UT 84721-0135

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: MARK G. KENNEY SECRETARY 04/01/2023

Electronic Signature of Signing Officer/Director Detail

Date