

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055222

Entity Name: FRANK LULLO INSURANCE, INC.

Current Principal Place of Business:

12961 N MAIN ST 304
JACKSONVILLE, FL 32218

Current Mailing Address:

12961 N MAIN ST 304
JACKSONVILLE, FL 32218

FEI Number: 26-0151565

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LULLO, FRANK
12961 N MAIN ST 304
JACKSONVILLE, FL 32218 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 PSTD
Name LULLO, FRANK
Address 12961 N MAIN ST 304
City-State-Zip: JACKSONVILLE FL 32218

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 LULLO

OWNER

04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date