

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55815

Entity Name: COGGINS INSURANCE AGENCY, INC.

Current Principal Place of Business:

504 SO FAIRFIELD DR
STE A1
PENSACOLA, FL 32506

FILED
Mar 02, 2016
Secretary of State
CC9139476127

Current Mailing Address:

PO BOX 3230
SHIP_TO_ADDRESS<>ADDRESS2
PENSACOLA, FL 32516 US

FEI Number: 59-2794695

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGGINS, JOHN L
504 S. FAIRFIELD DR., SUITE A1
SHIP_TO_ADDRESS<>ADDRESS2
PENSACOLA, FL 32506 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 P/D
Name COGGINS, GINA M
Address 4220 LANGLEY AVE
City-State-Zip: PENSACOLA FL 32504

Title T
Name COGGINS, SONJA I.
Address 504 S FAIRFIELD DR A-2
City-State-Zip: PENSACOLA FL 32506

Title VP/S
Name COGGINS, JOHN L
Address 4220 LANGLEY AVE
City-State-Zip: PENSACOLA FL 32506

Title D
Name COGGINS, JOHN L
Address 4220 LANGLEY AVE
City-State-Zip: PENSACOLA FL 32504

Title VICE PRESIDENT
Name COGGINS, SIERRA K
Address 7637 WOOD STREAM DR
City-State-Zip: PENSACOLA FL 32514

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: JOHN L COGGINS

VP-SECRETARY

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date