#### above, or on an attachment with all other like empowered. SIGNATURE: TIMOTHY B GASKIN PRESIDENT

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

Name and Address of Current Registered Agent:

GASKIN, TIMOTHY B 751 OAK ST SUITE 100 JACKSONVILLE, FL 32204 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	TIMOTHY GASKIN			01/10/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D	Title	DIRECTOR	
Name	GASKIN, TIMOTHY B	Name	GASKIN, PAULA L	
Address	751 OAK STREET, SUITE 100	Address	751 OAK STREET	
City-State-Zip:	JAX FL 32204		SUITE 100	
		City-State-Zip:	JACKSONVILLE FL 32204	

# **Current Principal Place of Business:**

751 OAK STREET SUITE 100 JACKSONVILLE, FL 32204

### **Current Mailing Address:**

JACKSONVILLE, FL 32204

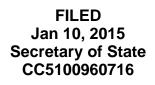
#### FEI Number: 59-2919686

751 OAK STREET SUITE 100

## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# K49873

Entity Name: GASKIN - O'LEARY INSURANCE, INC.

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

01/10/2015

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Date