

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K49873

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

**Current Principal Place of Business:**

751 OAK STREET  
SUITE 100  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

751 OAK STREET  
SUITE 100  
JACKSONVILLE, FL 32204

**FEI Number:** 59-2919686

**Certificate of Status Desired:** No

**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  
Name GASKIN, TIMOTHY B  
Address 751 OAK STREET, SUITE 100  
City-State-Zip: JAX FL 32204

Title DIRECTOR  
Name GASKIN, PAULA L  
Address 751 OAK STREET  
SUITE 100  
City-State-Zip: JACKSONVILLE FL 32204

*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:** TIMOTHY B GASKIN

**PRESIDENT**

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date