

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K49873

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

**Current Principal Place of Business:**

1000 RIVERSIDE AVE  
SUITE 500  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1000 RIVERSIDE AVE  
SUITE 500  
JACKSONVILLE, FL 32204 US

**FEI Number:** 59-2919686

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GASKIN, TIMOTHY B  
1000 RIVERSIDE AVE  
SUITE 500  
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

03/04/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name GASKIN, TIMOTHY B  
Address 1000 RIVERSIDE AVE SUITE 500  
City-State-Zip: JAX FL 32204

Title DIRECTOR  
Name GASKIN, PAULA L  
Address 1000 RIVERSIDE AVE SUITE 500  
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

03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date