

2016 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

01/28/2016

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

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date