

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023396

Entity Name: HAWTHORNE INSURANCE AGENCY, INC.

Current Principal Place of Business:

6800 SE US HWY 301
HAWTHORNE, FL 32640

Current Mailing Address:

P.O. BOX 429
HAWTHORNE, FL 32640

FEI Number: 59-3634205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLS, GINI L
6800 SE US HWY 301
HAWTHORNE, FL 32640 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
Name MILLS, GINI L
Address 6800 SE US HWY 301
City-State-Zip: HAWTHORNE FL 32640

Title VP
Name BOLES, DONNA
Address 21624 SE 197TH ST
City-State-Zip: ISLAND GROVE FL 32654

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: DONNA J. BOLES

VP

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date