

**2020 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

Title SECRETARY  
Name SCOTT, TAMMY  
Address P.O. BOX 429  
City-State-Zip: HAWTHORNE FL 32640

*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

02/14/2020

Electronic Signature of Signing Officer/Director Detail

Date