

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072995

Entity Name: BRAD BURNS INSURANCE, INC.**Current Principal Place of Business:**2108 DELTA WAY
TALLAHASSEE, FL 32303**Current Mailing Address:**PO BOX 3745
TALLAHASSEE, FL 32315 US**FEI Number:** 26-0405007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURNS, WILLIAM B
5851 VILLAGE RIDGE WAY
TALLAHASSEE, FL 32312 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	BURNS, WILLIAM B
Address	5851 VILLAGE RIDGE WAY
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP
Name	HOHMAN, JOHN A
Address	2827 ROYAL ISLE DR
City-State-Zip:	TALLAHASSEE FL 32312

Title	TREASURER
Name	MUGGLIN, CRAIG A
Address	2108 DELTA WAY
City-State-Zip:	TALLAHASSEE FL 32303

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: JOHN HOHMAN

VP

01/31/2022

Electronic Signature of Signing Officer/Director Detail_____
Date