

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000013256

Entity Name: WELLINGTON HAWKINS INSURANCE AGENCY INC.

Current Principal Place of Business:

2801 SAINT JOHNS BLUFF RD
SUITE 103
JACKSONVILLE, FL 32246

Current Mailing Address:

2801 SAINT JOHNS BLUFF RD
SUITE 103
JACKSONVILLE, FL 32246 US

FEI Number: 81-5384544

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAWKINS, ODIS W III
2801 SAINT JOHNS BLUFF RD
SUITE 103
JACKSONVILLE, FL 32246 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 HAWKINS, ODIS W III
Address 2801 SAINT JOHNS BLUFF ROAD
SUITE 103
City-State-Zip: JACKSONVILLE FL 32246

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: ODIS WELLINGTON HAWKINS III

PRESIDENT

06/13/2019

Electronic Signature of Signing Officer/Director Detail

Date