

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 351057

FILED  
Jan 17, 2003  
Secretary of State

**Entity Name:** JOHN M. HUNNICUTT INSURANCE & INVESTMENTS, INC.

**Current Principal Place of Business:**

29-C MIRACLE STRIP PARKWAY, S. W.  
P.O. BOX 906  
FT. WALTON BEACH, FL 32549

**New Principal Place of Business:**

**Current Mailing Address:**

29-C MIRACLE STRIP PARKWAY, S. W.  
P.O. BOX 906  
FT. WALTON BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 59-1267788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUNNICUTT, JOHN M  
29-C MIRACLE STRIP PKWY SW  
FORT WALTON, FL 32548

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUNNICUTT, JOHN M,  
Address: 29-C MIRACLE STRIP PKWY SW  
City-St-Zip: FT WALTON BCH, FL

Title: VP ( ) Delete  
Name: BARKOCY, ASHLEY HUNNICU  
Address: 29-C MIRACLE STRIP PKWY SW  
City-St-Zip: FT WALTON BEACH, FL

Title: D (X) Delete  
Name: HUNNICUTT, PATRICIA A  
Address: 29 C MIRACLE STRIP PARKWAY SW  
City-St-Zip: FT WALTON BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN M HUNNICUTT

PD

01/17/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date