

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F91260

Entity Name: GROUP INSURANCE, INC.

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

313 FLETCHER AVE.  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

313 FLETCHER AVE.  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 59-2212429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MICHAEL ADCOCK  
313 FLETCHER AVE.  
TAMPA, FL 33612 US

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

ADCOCK, MICHAEL PRES  
313 FLETCHER AVE.  
TAMPA, FL 33612 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: MICHAEL ADCOCK

03/25/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ADCOCK, MICHAEL  
Address: 313 W. FLETCHER AVE.  
City-St-Zip: TAMPA, FL 33612

Title: DS  
Name: ADCOCK, DOROTHY N  
Address: 16104 SONSOLE DE AVILA  
City-St-Zip: TAMPA, FL

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: MICHAEL ADCOCK

PRES

03/25/2010

Electronic Signature of Signing Officer or Director

Date