

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90029 038 ***150.00

DOCUMENT # P96000013107

1. Entity Name
EPIC INSURANCE AGENCY, INC.



Principal Place of Business
1000 RIVERSIDE AVENUE
8TH FLOOR
JACKSONVILLE, FL 32204

Mailing Address
225 WATER ST
SUITE 1400
JACKSONVILLE, FL 32202 US

40010487



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3359116

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, MALCOLM T
225 WATER STREET
SUITE 1400
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	DIVITA, CHARLES III
STREET ADDRESS	225 WATER ST STE 1400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	SICILIAN, LOUIS V
STREET ADDRESS	1000 RIVERSIDE AVE 8TH FL
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	WHITE, ROBERT E JR
STREET ADDRESS	1000 RIVERSIDE AVE, 8TH FLOOR
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	AS
NAME	PARKS, PEGGY A
STREET ADDRESS	225 WATER ST, SUITE 1400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	S
NAME	WORTELBOER, ROBERT L JR
STREET ADDRESS	1000 RIVERSIDE AVE 8TH FL
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	P
NAME	DRISCOLL, KURT F
STREET ADDRESS	1000 RIVERSIDE AVE, 8TH FLOOR
CITY-ST-ZIP	JACKSONVILLE, FL 32204

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peggy A. Parks

Peggy A. Parks

1/23/08

904-360-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #