

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90006 001 ***150.00

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1. Entity Name
JOHN ADCOCK INSURANCE AGENCY, INC.



Principal Place of Business
**313 W FLETCHER AVE
TAMPA, FL 33612**

Mailing Address
**313 W FLETCHER AVE
TAMPA, FL 33612**

40028580



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3481155

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ADCOCK, MICHAEL
313 W FLETCHER AVENUE
TAMPA, FL 33612**

**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 P
NAME ADCOCK, MICHAEL L
STREET ADDRESS 313 W FLETCHER AVENUE
CITY-ST-ZIP TAMPA, FL 33612

TITLE V
NAME ADCOCK, JOHNNY R
STREET ADDRESS 311 WEST FLETCHER AVE
CITY-ST-ZIP TAMPA, FL 33612

TITLE ST
NAME KEMP, PATRICE
STREET ADDRESS 10405 RECLINATA LN
CITY-ST-ZIP TAMPA, FL 33618

TITLE C
NAME ADCOCK, DOROTHY N
STREET ADDRESS 16104 SONSOLE DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08

Date

813-935-8795

Daytime Phone #