

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 351057

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

**Current Principal Place of Business:**

29B MIRACLE STRIP PARKWAY SW  
FT WALTON BEACH, FL 32548

**Current Mailing Address:**

P.O. BOX 906  
FT WALTON BEACH, FL 32549

**FEI Number:** 59-1267788

**Certificate of Status Desired:** No

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

HUNNICUTT,JOHN M  
29B MIRACLE STRIP PARKWAY SW  
FT WALTON BEACH, FL 32548 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 PD  
Name HUNNICUTT, JOHN M  
Address 29B MIRACLE STRIP PARKWAY SW  
City-State-Zip: FT WALTON BEACH FL 32548

Title VP  
Name ATWELL, CHRISTINA L  
Address 29B MIRACLE STRIP PARKWAY SW  
City-State-Zip: FT WALTON BEACH FL 32548

Title TREASURER  
Name MORMAK, CONNIE L  
Address 29B MIRACLE STRIP PARKWAY SW  
City-State-Zip: FT WALTON BEACH FL 32548

*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:** CONNIE MORMAK

TREASURER

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date