

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 449524

Entity Name: COX & ASSOCIATES INSURANCE, INC.

Current Principal Place of Business:

108 EDGELAKE DR
DEBARY, FL 32713

Current Mailing Address:

P.O. DRAWER 370
WINTER PARK, FL 32790

FEI Number: 59-1519691

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHN , COX M. III
108 EDGELAKE DR.
DEBARY, FL 32713 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: JOHN M COX III

04/14/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|----------------------|-----------------|----------------------|
| Title | PD | Title | VP |
| Name | COX , JOHN M. III | Name | COX, JOHN M. IV |
| Address | PO. DRAWER 370 | Address | P.O DRAWER 370 |
| City-State-Zip: | WINTER PARK FL 32790 | City-State-Zip: | WINTER PARK FL 32790 |

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: JOHN M COX III

PD

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date