

**2016 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

03/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP  
Name COX, JOHN M. IV  
Address P.O DRAWER 370  
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

PRES

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date