

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 449524

**Entity Name:** COX & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

259 BAYOU CIR  
DEBARY, FL 32713

**Current Mailing Address:**

P.O. DRAWER 530065  
DEBARY, FL 32753 US

**FEI Number:** 59-1519691

**Certificate of Status Desired:** Yes

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

JOHN , COX M. III  
259 BAYOU CIR  
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

02/07/2023

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 530065	Address	P.O DRAWER 530065
City-State-Zip:	DEBARY FL 32753	City-State-Zip:	DEBARY FL 32753

*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

**PRESIDENT**

02/07/2023

Electronic Signature of Signing Officer/Director Detail

Date