I hereby certify that the information indicated on this report or supplemental report is true and accurate		
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 Statu	tes; and that my hame appears
above, or on an attachment with all other like empowered.		
SIGNATURE: JOHN M COX III	PRESIDENT	03/14/2019

SIGNATURE: JOHN M	COX III

1

Electronic Signature of Signing Officer/Director Detail

## **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

### Nam

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

JOHN 108 EI DEBA

SIGNATURE:	JOHN M COX III			03/14/2019
	Electronic Signature of Registered Agent			Date
Officer/Direct	tor 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	

Number: {	59-1519691	Certificate of Status Desired: Yes
ne and Ad	dress of Current Registered Agent:	
N , COX M. II EDGELAKE D ARY, FL 327	DR.	
above named er	ntity submits this statement for the purpose of changing its registered office or regi	istered agent, or both, in the State of Florida.
NATURE:	JOHN M COX III	03/14/201
		Doto

# **Secretary of State** 3650035458CC

FILED Mar 14, 2019

Date