

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 461112

Entity Name: GEORGE H. ODIORNE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1206 N. PARSONS AVE.
BRANDON, FL 33510

Current Mailing Address:

P.O. BOX 830
BRANDON, FL 33509

FEI Number: 59-1558491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ODIORNE, GEORGE H.
1206 N. PARSONS AVE.
BRANDON, FL 33510 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 ODIORNE, GEORGE H.
Address 1206 N. PARSONS AVE.
City-State-Zip: BRANDON FL 33510

Title VPST
Name ODIORNE, THOMAS W
Address 1206 N. PARSONS AVE
City-State-Zip: BRANDON FL 33510

Title VP
Name ODIORNE, STEVEN F
Address 1206 N. PARSON AVE
City-State-Zip: BRANDON FL 33510

Title VP
Name ODIORNE, MICHAEL RYAN
Address 1206 N. PARSONS AVE.
City-State-Zip: BRANDON FL 33510

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: THOMAS W. ODIORNE

VP

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date