

**2018 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, THOMAS WARREN  
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:** THOMAS W. ODIORNE

01/17/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date