

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L35995

Entity Name: JOE MITOCK INSURANCE, INC.

Current Principal Place of Business:

C/O JOSEPH J. MITOCK, JR.
4061 36TH AVENUE NORTH
ST. PETERSBURG, FL 33713

Current Mailing Address:

C/O JOSEPH J. MITOCK, JR.
4061 36TH AVENUE NORTH
ST. PETERSBURG, FL 33713

FEI Number: 59-2980362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITOCK, JOSEPH J., JR.
4061 36TH AVENUE NORTH
ST. PETERSBURG, FL 33713 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 MITOCK, JOSEPH J. JR
Address 4061 36TH AVE N
City-State-Zip: ST PETERSBURG FL 33713

Title TD
Name MITOCK, VICTORIA J
Address 4061 36TH AVE N
City-State-Zip: ST PETERSBURG FL 33713

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: JOSEPH J MITOCK

PRESIDENT

03/10/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date