

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S14484

**Entity Name:** MCMAHON-HADDER INSURANCE, INC.

**Current Principal Place of Business:**

375 N 9TH AVE  
SUITE A  
PENSACOLA, FL 32502

**Current Mailing Address:**

375 N 9TH AVE  
SUITE A  
PENSACOLA, FL 32502 US

**FEI Number:** 59-3032884

**Certificate of Status Desired:** No

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

MCMAHON, DONALD III  
3281 SEVILLE DRIVE  
PENSACOLA, FL 32503 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:** DONALD MCMAHON LLL

01/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MCMAHON, DONALD III  
Address 3281 SEVILLE DRIVE  
City-State-Zip: PENSACOLA FL 32503

Title VPDT  
Name HADDER, WILLIAM HVPT  
Address 5582 TIMBER CREEK DR  
City-State-Zip: MILTON FL 32571

Title VPS  
Name MCMAHON, JOHN WVPS  
Address 63 SHORELINE DRIVE  
City-State-Zip: GULF BREEZE FL 32561

*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:** WILLIAM H HADDER

VP

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date