

2025 Form 6 - Full and Public Disclosure of Financial Interests

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DEPARTMENT OF STATE
Filed with COE: 04/14/2026

2026 APR 16 PM 12:02

DIVISION OF ELECTIONS
TALLAHASSEE, FL

General Information

Name: Hon John Andrew Atkinson

CONFIDENTIAL

PID [REDACTED]

AGENCY INFORMATION

Organization

Suborganization

Title

2nd District Court Of Appeal

Elected Constitutional Officer

Judge

CANDIDATE FOR

Position

Agency Name

Position sought or held

Judge, District Courts of Appeal

Second District Court of Appeal

Judge

Net Worth

My Net Worth as of April 14, 2026 was \$ 649,950.67.

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Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effect is \$ 131,810.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
	\$ 852,852.77
Raymond James American VA 529 College 2036 Fund	\$ 21,576.66
Bank Accounts, USAA	\$ 6,668.16
Bank Account, TD Bank	\$ 2,302.73
Raymond James First Trust NASDAQ-100 Select Equal Weight ETF	\$ 12,658.56
Raymond James Hartford Core Equity Fund CL I N/L	\$ 12,742.40
Raymond James Ishares TR Core S&P SCP ETF	\$ 3,443.05
Raymond James Schwab U.S. Mid-Cap ETF	\$ 2,943.23
Raymond James Vanguard Value ETF	\$ 8,313.16
Raymond James First Trust Mid Cap Core Alphadex Fund	\$ 1,079.52
Fidelity Strategy Inc Common Stock Class A (MSTR)	\$ 9,954.26

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
NewRez LLC	1100 Virginia Drive, Ste. 125, Fort Washington, PA 19034	\$ 357,627.45
Bank of America, N.A.	P.O. BOX 17237 Wilmington, DE 19886-7237	\$ 41,606.81

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	200 E. Gaines Street, Tallahassee, FL 32399	\$ 221,128.56

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

John Andrew Atkinson

Digitally signed: 04/14/2026

Filed with COE: 04/14/2026

**Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers
of Fees and Charges**

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: John Andrew Atkinson Work Telephone: (727) 610-3470

Work Address: 525 Mirror Lake Drive North, St. Petersburg, FL 33701 Judicial Office Held: Judge

1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
	None		\$
			\$
			\$
			\$

☐ Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived)	SOURCE
6/9/25 - 6/11/25	\$2,062.66 for lodging, transportation, meals for State Court Judges Summit, Austin, TX	Federalist Society for Law and Public Policy Studies

☐ Check here if continued on separate sheet

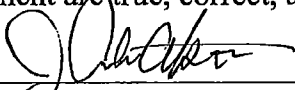
CONTINUE TO PAGE 2 FOR OATH

OATH

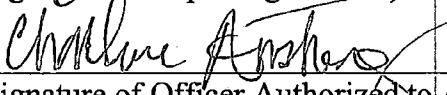
State of Florida

County of Pinellas

I, John Andrew Atkinson, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.



(Signature of Reporting Official)



(Signature of Officer Authorized to Administer Oaths)

My Commission expires 3/27/29

Sworn to and subscribed before me this

15th

day of

April

, 20 26



CHARLENE ARMSTRONG
Commission # HH 657655
Expires March 27, 2029

Print Form

Reset Form

Form 6B. Report of Business Interests

Instructions: List the names of any corporations or business entities, not otherwise identified on Form 6, in which you had a financial interest as of December 31 of the preceding year. If no business interests, or the interests are already identified on Form 6, then indicate "None," or "N/A." Attach additional pages as necessary. This form is filed only with the JQC.

Name of Judge: John Andrew Atkinson Telephone: (727) 610-3470
Address: 525 Mirror Lake Drive North, St. Petersburg, FL 33701 Position: Judge

Name of Business Entity

Complx, inc.

I certify that the foregoing information is complete, true, and correct.

[Signature]
JUDGE'S SIGNATURE

OATH

State of Florida,
County of Pinellas

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 15th day of April,

20 20, by John Andrew Atkinson (Name of Judge).

[Signature]
(Signature of Notary)

Notary Seal

Personally Known ☒, or Produced Identification ☐

Identification Produced: ☐



CHARLENE ARMSTRONG
Commission # HH 657655
Expires March 27, 2029

Reset Form

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