

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 591113

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** LEE CRANE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4020 NEWBERRY RD.  
400  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

4020 NEWBERRY RD.  
400  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 59-1855644      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CRANE, LEE W  
12901 NW 56 AVENUE  
GAINESVILLE, FL 32653      US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** FOUN  
**Name:** CRANE, LEE W  
**Address:** 4020 NEWBERRY ROAD SUITE 400  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** PD  
**Name:** HAWKINS, THOMAS BRYAN  
**Address:** 7388 SR 21 N  
**City-St-Zip:** KEYSTONE HEIGHTS, FL 32656

**Title:** VP  
**Name:** HYATT, AARON BLAKE  
**Address:** 4020 W. NEWBERRY RD - STE. 400  
**City-St-Zip:** GAINESVILLE, FL 32607

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: LEE W CRANE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

FOUN

03/07/2012

\_\_\_\_\_  
Date