FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H69545 (2)

1. Corporation Name
LAKE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1200 AVENIDA CENTRAL 10 PARADISE DRIVE LADY LAKE FL 32159 US	1200 AVENIDA CENTRAL 10 PARADISE DRIVE LADY LAKE FL 32159 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1100 MAIN STREET	26 1100 MAIN STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LADY LAKE, FLORIDA	City & State 28 LADY LAKE, FLORIDA
Zip / Country 24 32159 / 25 U.S.A.	Zip / Country 29 32159 / 30 U.S.A

4. FEI Number: 59-2586797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORSE, H. GARY
1200 AVENIDA CENTRAL
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

01 Name: R. DEWEY BURNSED
02 Street Address (P.O. Box Number is Not Acceptable): McLIN BURNSED, MORRISON, JOHNSON & ROBUCK
03: 1100 MAIN STREET, SUITE 211
04 City: LADY LAKE FL 05 Zip Code: 32159

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] R. Dewey Burnsed 04-18-95
Signature of new registered agent and typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPV	1.1 TITLE	P	☐ Change ☒ Addition
NAME	MORSE, H. GARY	1.2 NAME	George Bradley Brown	
STREET ADDRESS	10 PARADISE DRIVE	1.3 STREET ADDRESS	1100 Main Street	
CITY-ST-ZIP	LADY LAKE FL	1.4 CITY-ST-ZIP	Lady Lake, Fl 32159	
TITLE		2.1 TITLE	DST	☒ Change ☐ Addition
NAME		2.2 NAME	H. Gary Morse	
STREET ADDRESS		2.3 STREET ADDRESS	1100 Main Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lady Lake, Florida 32159	
TITLE		3.1 TITLE	ASST. SECRETARY	☐ Change ☒ Addition
NAME		3.2 NAME	Nancy J. Truly	
STREET ADDRESS		3.3 STREET ADDRESS	1100 Main Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lady Lake, Florida 32159	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] H. Gary Morse 04-18-95 (904) 753-2270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP