

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # H69545 (2)**  
1. Corporation Name  
**LAKE INSURANCE AGENCY, INC.**



Principal Place of Business: **1100 MAIN STREET, 10 PARADISE DRIVE, LADY LAKE FL 32159 US**  
Mailing Address: **1100 MAIN STREET, 10 PARADISE DRIVE, LADY LAKE FL 32159 US**

3. Date incorporated or Qualified: **08/05/1985**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **59-2586797**  
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

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25** **26** Mailing Address: Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29** **30**

9. Name and Address of Current Registered Agent  
**BURNSSED, R. D  
MCLIN BURNSSED, MORRISON, JOHNSON & ROBUCK  
1100 MAIN STREET, SUITE 211  
LADY LAKE FL 32159**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**85** Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and that of each officer and director of the corporation. Signature of registered agent required when making change.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, GEORGE B</b>	2. NAME	
STREET ADDRESS	<b>1100 MAIN STREET</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>LADY LAKE FL</b>	4. CITY - ST - ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORSE, H. G</b>	2.2 NAME	
STREET ADDRESS	<b>1100 MAIN STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LADY LAKE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRULY, NANCY J</b>	3.2 NAME	
STREET ADDRESS	<b>1100 MAIN STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LADY LAKE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: H. Gary Morse **4-15-96** **391-753-6270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)