

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

**1200 AVENIDA CENTRAL
10 PARADISE DRIVE
LADY LAKE FL 32159
US**

Mailing Address

**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

4. FEI Number

59-2586797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21 1100 MAIN STREET

Suite, Apt. #, etc.

22

City & State

23 LADY LAKE, FLORIDA

Zip

24 32159

Country

25 U.S.A.

2a. Mailing Address

26 1100 MAIN STREET

Suite, Apt. #, etc.

27

City & State

28 LADY LAKE, FLORIDA

Zip

29 32159

Country

30 U.S.A.

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

81 Name

R. DEWEY BURNS

82 Street Address (P.O. Box Number is Not Acceptable)

McLIN BURNS, MORRISON, JOHNSON & ROBUCK

83

1100 MAIN STREET, SUITE 211

84 City

LADY LAKE

FL

85 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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DPV
MORSE, H. GARY
10 PARADISE DRIVE
LADY LAKE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**P
George Bradley Brown
1100 Main Street
Lady Lake, FL 32159**

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**DST
H. Gary Morse
1100 Main Street
Lady Lake, Florida 32159**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**ASST. SECRETARY
Nancy J. Truly
1100 Main Street
Lady Lake, Florida 32159**

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 my signature is on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Gary Morse

04-18-95

(904) 753-2270

(Date)

(Telephone Number)