

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 591113

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

**Current Principal Place of Business:**

4020 NEWBERRY RD.  
400  
GAINESVILLE, FL 32607

**Current Mailing Address:**

4020 NEWBERRY RD.  
400  
GAINESVILLE, FL 32607

**FEI Number: 59-1855644**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

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

Title            VP  
Name            HYATT, AARON BLAKE  
Address        4020 W. NEWBERRY RD - STE. 400  
City-State-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: AARON BLAKE HYATT**

**VICE PRESIDENT**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date