

**2020 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 US

**FEI Number:** 59-1855644

**Certificate of Status Desired:** No

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

AARON BLAKE HYATT  
4020 NEWBERRY RD.  
400  
GAINESVILLE, FL 32607 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 PD,CEO  
Name HYATT, AARON BLAKE  
Address 4020 W. NEWBERRY RD - STE. 400  
City-State-Zip: GAINESVILLE FL 32607

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

Title D  
Name HYATT, YAZMIN S  
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 B HYATT

PD

01/15/2020

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

\_\_\_\_\_  
Date