

2014 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: LEE W. CRANE

FOUNDER

01/07/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date