2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2020
Secretary of State
3974155220CC

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Entity Name: LAKEPORT INSURANCE AGENCY, INC.

Current Principal Place of Business:

3100 C.R. 721 LOOP
MOORE HAVEN, FL 33471

Current Mailing Address:

3100 C.R. 721 LOOP
MOORE HAVEN, FL 33471

FEI Number: 20-0767954

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLARK, LEON J
3100 C.R. 721 LOOP ROAD
LAKEPORT, FL 33471 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	PVT	Title	S
Name	CLARK, LEON J	Name	GOMEZ, MOLLEETHA D
Address	3100 C.R. 721 LOOP	Address	3256 C.R. 721
City-State-Zip:	MOORE HAVEN FL 33471	City-State-Zip:	OKEECHOBEE FL 34974

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: LEON J. CLARK PVT 01/18/2020

Electronic Signature of Signing Officer/Director Detail — Date