

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024594

Entity Name: LEE REED INSURANCE, INC.**Current Principal Place of Business:**38511 5TH AVE.
ZEPHYRHILLS, FL 33542**Current Mailing Address:**P.O. BOX 908
ZEPHYRHILLS, FL 33539-0908**FEI Number:** 59-3231780**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SURRETT, SAMUEL WIII
12450 FOREST HIGHLANDS DRIVE
DADE CITY, FL 33525 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	P
Name	SURRETT III, SAMUEL W
Address	12450 FOREST HIGHLANDS DRIVE
City-State-Zip:	DADE CITY FL 33525

Title	VP
Name	SURRETT, LINDA S
Address	12450 FOREST HIGHLANDS DRIVE
City-State-Zip:	DADE CITY FL 33525

Title	S
Name	MILLER, ANDREW J
Address	13507 CARNOUSTIE CIRCLE
City-State-Zip:	DADE CITY FL 33525

Title	T
Name	MILLER, KIMBERLY S
Address	13507 CARNOUSTIE CIRCLE
City-State-Zip:	DADE CITY FL 33525

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: ANDREW J MILLER**SECRETARY****01/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date