2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 015728

Entity Name: LYKES INSURANCE, INC.

Current Principal Place of Business:

400 N TAMPA ST
2200
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

PO BOX 1690
2200
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-0339150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATERS, ELIZABETH A
400 N TAMPA ST
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CHASE, RICHARD
400 N TAMPA ST
TAMPA, FL 33602 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: RICHARD CHASE 04/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: FERGUSON, HOWELL L
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: PCOO ( ) Delete
Name: HAMPTON, HIRAM P., I, I
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: VPM ( ) Delete
Name: PRIOLO, PETER
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete
Name: CHASE, RICHARD
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: EVP ( ) Delete
Name: BENNETT, FREDERICK J
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete
Name: WHITAKER, ANGELA
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FREDERICK BENNETT EVP 04/28/2008
Electronic Signature of Signing Officer or Director Date