

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 015728

FILED
May 03, 2010
Secretary of State

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:

CHASE, RICHARD
400 N TAMPA ST
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: PCOO
Name: BRABSON, JOHN A JR
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: VP
Name: RUSSO, RICHARD P JR
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

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

Title: CFO
Name: BENNETT, FREDERICK J
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: VP
Name: WEBSTER, THOMAS A
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

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: RICHARD CHASE

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05/03/2010

Electronic Signature of Signing Officer or Director

Date