

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 422093 (5)

1. Corporation Name
LAWRENCE W. MYERS INSURANCE AGENCY, INC.



Principal Place of Business: 3044 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 US
Mailing Address: 3044 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 US

3. Date Incorporated or Qualified: 03/26/1973
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1491513
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-sections for Subd., Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**JOHNSTON, RICHARD M
3044 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(2), Florida Statutes.

SIGNATURE (86) and State of Florida (87) fields.

12. OFFICERS AND DIRECTORS (88-94) table with columns for Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (95-101) table with columns for Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if change in or an addition with an address.

SIGNATURE (96) and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (97) fields.

2-12-96 407-964-9190

CR2E034 (12/95)