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FORM 1000 (1998)

1300007

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90045 012 ***150.00

DOCUMENT # 422093

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1973 4. FEI Number 59-1491513 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax.

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 Name 82 Street Address 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like name, title, street address, city-st-zip.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-15-99 Date 1-561-964-9190 Daytime Phone #

CR2E034 (11/98)