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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 446324

(6)

LAKE CITY INSURANCE AGENCY, INC.

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						FRUIT GADAL ALDIL OPUT	F DADAL DIDAL FOOL
642 EAST BAY AKE CITY FL 3	A AVENUE	P.O. DRAWER 1887 PO DRAWER 1887 LAKE CITY FL 32056-1887 US					
\$				3. Date incorporated or Qualified 02/14/1974	3a. Date of L	•	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
		26			59-1514980		Not Applica
Suite, Apt. ≢	#, Etc	Suite, Apt. #, etc) .		5. Certificate of Status Desired		. 75 Additional ee Required
City & State	3	City & State			6. Election Campaign Financing	\$5	.00 May Be
		28			Trust Fund Contribution		ded to Fees
Zφ	Country	Zip	Col	untry	8. This corporation has liability for in	ntangible tax un	der s. 199.032
	25	29	30			Yes No	
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	gistered Agent	
WILL	iams (Merrill E.)			B1 Name			
1013	E. DUVAL ST.			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
LAKE	CITY FL						
				83			
				84 City		FL 85	Zip Code
- Pursuant t	to the provisions of Sections 607 050	02 and 607.1508. Florida S	Statutes, the a	hove-named co	rporation submits this statement for the pa ation's board of directors. I hereby accep		ing its register
GNATURI 2,	Stgradure, typed or pertied came of registered ag OFFICERS AN	iont and title it applicable.	(NOTE Registere	d Agent signature req	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS IN 12
lf	PD	DELETE	E 1.1 T	TLE		Ch	ange 🔲 Addi
ME	WILLIAMS (MERRILL E.)		1.2 N	AME			
CELLADORESS			1.3 \$	TREET ADDRESS			
	100 SYCAMORE LANE			TREET ADDRESS ITY-ST-ZIP			
Y-ST ZIP		☐ DELETE	1.4 0	iTY-ST-ZIP		☐ Ct	ange 🔲 Addi
Y-51 ZIP E	100 SYCAMORE LANE	DELETE	1.40	ITY-ST-ZIP		☐ Ch	ange 🔲 Addi
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