

FI6000003517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

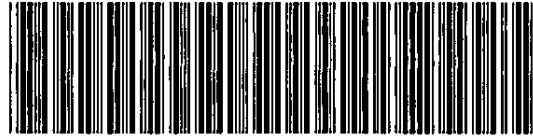
Certified Copies _____ Certificates of Status _____

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W16-48681

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07/13/16--01012--022 **87.50

08/08/16--01003--001 **650.00

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16 AUG -3 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/18/16

Lockard & Williams



INSURANCE SERVICES, INC.

P.O. Box 1688 Pascagoula, MS 39568-1688
(228) 762-2500 Phone (228) 769-0401 Fax

August 1, 2016

Attn: Dionne M. Scott, Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lockard & Williams Insurance Services, Inc.
Ref. Number: W16000048681
Letter Number: 616A00014725

Dear Dionne,

I would like to thank you for your assistance with our application. As per our conversation and the letter I received, I have enclosed the Certificate of Existence which now includes our updated agency name. Also, I have enclosed a check for the penalty fees of \$650.

Thanks again for your assistance.

Sincerely,

Melanie Wagner
Marketing/Compliance Supervisor

2016 AUG -3 PM 3:02
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lockard & Williams Insurance Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melanie Wagner

Name of Person

Lockard & Williams Insurance Services, Inc.

Firm/Company

P.O. Box 1688

Address

Pascagoula, MS 39568-1688

City/State and Zip code

mel@lockardandwilliams.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Wagner

228 762-2500
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Lockard & Williams Insurance Services, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi 3. 64-0799479
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 29, 1991 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/01/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)

7. 1505 Jackson Avenue Pascagoula, MS 39567
(Principal office address)
- P O Box 1688 Pascagoula, MS 39568-1688
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

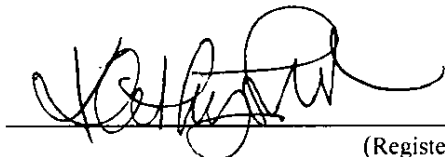
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Kathy Shin on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jim E Williams

Address: 3310 Washington Avenue Unit 1313

Pascagoula, MS 39567

Vice President: John T Lockard

Address: 1505 Beach Boulevard

Pascagoula, MS 39567


Secretary: John T Lockard

Address: 1505 Beach Boulevard Pascagoula, MS 39567

Treasurer: Jim E Williams

Address: 3310 Washington Avenue Unit 1313 Pascagoula, MS 39567

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. John T Lockard, Vice President/Secretary

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 29th day of March, 1991, the State of Mississippi issued a Charter/ Certificate of Authority to

LOCKARD & WILLIAMS INSURANCE SERVICES, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said LOCKARD & WILLIAMS INSURANCE SERVICES, INC. is in good standing at this time.

Given under my hand and seal of office
the 1st day of August, 2016

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN16026435

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>