

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martenson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G11365** (5)

1. Corporation Name
DEAKINS-LAWRENCE INSURANCE AGENCY, INC.



Principal Place of Business
**2020 SOUTH PARROT AVE.
P. O. BOX 549 (34973)
OKEECHOBEE FL 34974**

Mailing Address
**2020 SOUTH PARROT AVE.
P. O. BOX 549 (34973)
OKEECHOBEE FL 34974**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24 25 9. Name and Address of Current Registered Agent

**LAWRENCE, RONNIE
2020 SOUTH PARROTT AVENUE
OKEECHOBEE FL 34974**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date of Incorporation or Qualified
12/02/1982

3a. Date of Last Report
02/17/1995

4. FEIN Number
59-2238816

Applied For
Not Applicable

5. Contribution of State Debenture

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. Has corporation liability for intangible tax under s. 190.032
Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.02(1) and 607.15(4), 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 changes will be effective only if the corporation is in good standing. There is a report that the corporation is a registered agent. I am familiar with, and accept the obligations of, such corporation in Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Director

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAWRENCE, RONNIE	
STREET ADDRESS	2020 S. PARROTT AVE.	
CITY, ST, ZIP	OKEECHOBEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DEAKINS, C. J., JR	
STREET ADDRESS	5600 S FEDERAL HIGHWAY	
CITY, ST, ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	
10. STREET ADDRESS	
11. CITY, ST, ZIP	
12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

14. I do hereby certify that the information submitted by the above named corporation, for the corporation established in Section 190.032 and Florida Statutes, is true and correct. I am an officer or director of the corporation or the registered agent of the corporation, and that my name appears in Block 12 or Block 13 of this report, or on an alternate form thereto.

SIGNATURE: *Ronnie Lawrence*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONNIE LAWRENCE PRESIDENT

4-16-96 941-467-0600

CR2E034 (12/95)