

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83643

FILED
Sep 28, 2012
Secretary of State

Entity Name: LYNDEL M. HALE INSURANCE, INC.

Current Principal Place of Business:

11163 U. S. HIGHWAY 301 SOUTH
HAMPTON, FL 32044

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1929
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-2376374 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HALE, LYNDEL M
11163 U. S. HIGHWAY 301 SOUTH
HAMPTON, FL 32044 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HALE, LYNDEL M
Address: P.O. BOX 1929 N/A
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP
Name: HALE, TRACY Y
Address: P.O. BOX 1929 N/A
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRACY Y. HALE

VP

09/28/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date