

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J34289 (5)

1. Corporation Name  
LAKE COUNTY INSURANCE, INC.

Principal Place of Business

C/O GRADY M. COOKSEY, JR.  
342 EAST 5TH AVENUE  
MOUNT DORA FL 32757

Mailing Address

C/O GRADY M. COOKSEY, JR.  
342 EAST 5TH AVENUE  
MOUNT DORA FL 32757-5661



2. Principal Place of Business

21 25525 HWY 46

Suite, Apt. #, etc.

22 City & State

23 Sorrento, FL

Zip

Country

24 327 76-

25 U S

2a. Mailing Address

26 P.O. Box 1515

Suite, Apt. #, etc.

27 City & State

28 Mt. Dora, FL

Zip

Country

29 32756 -1515

30 U S

3. Date Incorporated or Qualified

09/16/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2721634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COOKSEY, GRADY M., JR.  
239 E. 4TH AVENUE  
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

Kay Hill

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

25525 HWY 46

83

84 City

Sorrento

FL

85 Zip Code  
32776

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

*Kay W Hill*  
Signature, type or printed name of registered agent and title if applicable

*Kay Hill*  
(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-97

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | COOKSEY, GRADY M., JR.  |  |
| STREET ADDRESS | 1117 E. ROBINSON STREET |  |
| CITY-ST-ZIP    | ORLANDO FL              |  |
| TITLE          | SD                      | <input type="checkbox"/> DELETE            |
| NAME           | BIRON, LOUIS            |  |
| STREET ADDRESS | 239 E. 4TH AVE.         |  |
| CITY-ST-ZIP    | MOUNT DORA 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

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 3.2 NAME           | Kay Hill   |
| 3.3 STREET ADDRESS | 24037 Wolf Branch Rd   |
| 3.4 CITY-ST-ZIP    | Sorrento, FL 32776   |
| 4.1 TITLE          | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 4.2 NAME           | Roger Sheffield  |
| 4.3 STREET ADDRESS | 4614 Sloe Wood Court   |
| 4.4 CITY-ST-ZIP    | Mount Dora, FL 32757   |
| 5.1 TITLE          | S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Lance Hampton  |
| 5.3 STREET ADDRESS | 6861 Sylvan Woods Dr.  |
| 5.4 CITY-ST-ZIP    | Sanford, FL 32771  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lance Hampton*

4-29-97

Date

352-383-9007

Daytime Phone #

CR2E034 (9/96)