

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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J34289 (5)

1. Corporation Name

LAKE COUNTY INSURANCE, INC.

Hillcrest Insurance Agency, Inc. 1-30-98

Principal Place of Business

Mailing Address

25525 HWY 48
SORRENTO FL 32776
US

P.O BOX 1515
MOUNT DORA FL 32756-1515
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1986

4. FEI Number

59-2721634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 18500 U.S. Hwy 441

Suite, Apt. #, etc.

22

City & State

23 Mt. Dora, FL

Zip

Country

24 32757

25

9. Name and Address of Current Registered Agent

HILL, KAY
25525 HWY 48
SORRENTO FL 32776

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

10. Name and Address of New Registered Agent

81 Name

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

1206 Old Eustis Road

83

84

City
Mt. Dora

FL

85 Zip Code
32757

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
C HILL, KAY
STREET ADDRESS
24037 WOLF BRANCH RD
CITY-ST-ZIP
SORRENTO FL

☐ DELETE

TITLE
NAME
PD BIRON, LOUIS
STREET ADDRESS
239 E. 4TH AVE.
CITY-ST-ZIP
MOUNT DORA FL

☐ DELETE

TITLE
NAME
V SHEFFIELD, ROGER
STREET ADDRESS
4814 SLOE WOOD CT
CITY-ST-ZIP
MT DORA FL

☐ DELETE

TITLE
NAME
ST HAMPTON, LANCE
STREET ADDRESS
6861 SYLVAN WOODS CT
CITY-ST-ZIP
SANFORD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1206 Old Eustis Road
Mt. Dora, FL 32757

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3861 WaterCrest Drive
Longwood, FL 32779

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4808802487764
-04/14/98-01041-001
***150.00

14. I 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

CR2E034 (10/97)