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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K74948

1. Corporation Name
LAY'S INSURANCE AGENCY, INC.

Principal Place of Business
3003 S HWY 77 SUITE E LYNN HAVEN FL 32444 US
Mailing Address
3003 S HWY 77 SUITE E LYNN HAVEN FL 32444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1989

4. FEI Number
59-2939097

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
209 MOWAT SCHOOL RD LYNN HAVEN, FL 32444

2a. Mailing Address
209 MOWAT SCHOOL RD LYNN HAVEN, FL 32444

23. City & State
LYNN HAVEN, FL

24. Zip
32444

25. Country
BAH

9. Name and Address of Current Registered Agent

LAY, GERTRUDE I.
3003 S HWY 77 SUITE E LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
209 MOWAT SCHOOL RD

83.

84. City
LYNN HAVEN

85. Zip Code
FL 32444

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LAY, RONALD H.	1.2 NAME	
STREET ADDRESS	3003 SOUTH HIGHWAY 77 STE E	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	LAY, GERTRUDE I.	2.2 NAME	
STREET ADDRESS	3003 S HIGHWAY 77 STE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)