

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422093

**FILED
Mar 28, 2016
Secretary of State
CC9480703610**

Entity Name: LAWRENCE W. MYERS INSURANCE AGENCY, INC.

Current Principal Place of Business:

836BLUEBERRYDR
WELLINGTON, FL 33414

Current Mailing Address:

836BLUEBERRYDR
WELLINGTON, FL 33414 US

FEI Number: 59-1491513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSTON, RICHARD M
836 BLUEBERRY DR
WELLINGTON, FL 33414 US

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

Officer/Director Detail :

Title VP
Name JOHNSTON, RICHARD M
Address 836BLUEBERRYDR
City-State-Zip: WELLINGTON FL 33414

Title VP
Name DOLBOW, KATHRYN J
Address 1029 LYTHAM CT
City-State-Zip: WEST PALM BEACH FL 33411

Title ST
Name DOLBOW, KATHRYN J
Address 1029 LYTHAM CT
City-State-Zip: WEST PALM BEACH FL 33411

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: KATHRYN J DOLBOW

ST

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date