

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 422093

**FILED  
Jan 07, 2014  
Secretary of State  
CC0886287984**

**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        11071 LAUREL WALK RD  
City-State-Zip: WELLINGTON FL 33449

Title           ST  
Name           DOLBOW, KATHRYN J  
Address        11071 LAUREL WALK RD.  
City-State-Zip: WELLINGTON FL 33449

*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: RICHARD M JOHNSTON**

**V-P**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date