

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11365

Entity Name: LAWRENCE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2020 SOUTH PARROTT AVE.
OKEECHOBEE, FL 34974

Current Mailing Address:

2020 SOUTH PARROTT AVE.
OKEECHOBEE, FL 34974

FEI Number: 59-2238816

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWRENCE, RONNIE
2020 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974 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 PD
Name LAWRENCE, RONNIE RPD
Address 2020 S.PARROTT AVE.
City-State-Zip: OKEECHOBEE FL

Title STD
Name LAWRENCE, ELLAIN
Address 2020 S PARROTT AVE
City-State-Zip: OKEECHOBEE FL

Title VP
Name LAWRENCE, HEATH
Address 2020 S PARROTT AVE
City-State-Zip: OKEECHOBEE FL 34974

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: ELLAIN LAWRENCE

ST,DIR

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date