

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G11365

**FILED**  
**Feb 11, 2016**  
**Secretary of State**  
**CC8522471510**

**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

**D**

**02/11/2016**

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

\_\_\_\_\_  
Date