

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83643

Entity Name: LYNDEL M. HALE INSURANCE, INC.

Current Principal Place of Business:

7593 EAST OSCEOLA COURT
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

P.O. BOX 1929
KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-2376374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALE, LYNDEL M
7593 EAST OSCEOLA COURT
KEYSTONE HEIGHTS, FL 32656 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 HALE, LYNDEL M
Address P.O. BOX 1929 N/A
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title VP
Name HALE, TRACY Y
Address P.O. BOX 1929 N/A
City-State-Zip: KEYSTONE HEIGHTS FL 32656

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: TRACY Y. HALE

VICE-PRESIDENT

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date