

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G83643

**Entity Name:** LYNDEL M. HALE INSURANCE, INC.

**Current Principal Place of Business:**

4759 GADARA ROAD  
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  
4759 GADARA ROAD  
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**

**04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date