2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83643

Entity Name: LYNDEL M. HALE INSURANCE, INC.

Current Principal Place of Business:

2751 BLANDING BOULEVARD, SUITE 105 MIDDLEBURG, FL 32068

Current Mailing Address:

P.O. BOX 1929 **KEYSTONE HEIGHTS. FL 32656 US**

FEI Number: 59-2376374

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

Officer/Director Detail :

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

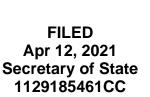
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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 HALE

VICE PRESIDENT

04/12/2021

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: No