

2019 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 US

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

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: LYNDEL M. HALE

PRESIDENT

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date