

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036887

Entity Name: LORI PONS INSURANCE AGENCY, INC.

Current Principal Place of Business:

429 S TYNDALL PKWY
SUITE A
PANAMA CITY, FL 32404

Current Mailing Address:

2669 FEROL LN
LYNN HAVEN, FL 32444

FEI Number: 20-0787886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PONS, LORI G
429 S TYNDALL PKWY
SUITE A
PANAMA CITY, FL 32404 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 P
Name PONS, LORI G
Address 429 S TYNDALL PKWY, SUITE A
City-State-Zip: PANAMA CITY FL 32404

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: LORI G PONS

PRESIDENT

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date