

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021283

Entity Name: L.G. EDWARDS INSURANCE AGENCY, INC.

Current Principal Place of Business:

14111 7TH ST
DADE CITY, FL 33525

Current Mailing Address:

P O BOX 1548
DADE CITY, FL 33526-1548 US

FEI Number: 59-3307254

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, ROBIN ANN
14111 7TH ST
DADE CITY, FL 33525 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	DP	Title	D
Name	EDWARDS, ROBIN ANN	Name	EDWARDS, JUDITH A
Address	14111 7TH ST	Address	13550 THOROUGHbred DR
City-State-Zip:	DADE CITY FL	City-State-Zip:	DADE CITY FL 33525

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: ROBIN ANN EDWARDS

DP

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date