

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214544597
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1.) CORPORATION NAME: Lyon Fry Cadden Insurance Agency, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VIRGINIA PROFESSIONAL SERVICES LLC 3850 Gaskins Rd., Suite 120 Richmond, VA	DUE DATE: 11/30/2014 SCC ID NO: F1807421 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: AL					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3212 MIDTOWN PARK SOUTH

CITY/ST/ZIP: MOBILE, AL 36606

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GAYLORD C LYON JR TITLE: PRESIDENT ADDRESS: P O BOX 160927 CITY/ST/ZIP/CO: MOBILE, AL 36616	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: W E CADDEN TITLE: VICE PRESIDENT ADDRESS: P O BOX 160927 CITY/ST/ZIP/CO: MOBILE, AL 36616	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: CHERYL B BRELAND TITLE: SEC,TREA ADDRESS: P O BOX 160927 CITY/ST/ZIP/CO: MOBILE, AL 36616	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GAYLORD C LYON JR	GAYLORD C LYON JR, PRESIDENT	9/26/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.