FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

LAYNE, INC. OF FLORIDA

DOCUMENT # 191813

(5)

FILED
Apr 26 1996 8:00 am
Secretary of State



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Principal Place of Business Mailing Address							
1001 N FEDERAL HWY #206. HALLANDALE. FL P.O. BOX 292708 DAVIE FL 33329		1001 N FEDERAL HWY #206. HALLANDALE: FL P.O. BOX 292708 DAVIE FL 33329					
					3. Date incorporated or Qualified 03/22/1956	3a. Date of Last E 04/14/1	1995
2. Principal Pla 21 3921	ace of Business SW 47th Avenue	2a. Mailing Address 26	¬ •		4. FEI Number 59-0776717		Applied For Not Applicable
Suite, Apt. #, etc. 22 #1003		Suite, Apt. #, etc.	····		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State 23 Davie, FL		City & State	 ´		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip Country 24 33314 25		Zip 29	30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No		
	9, Name and Address of Current	Registered Agent		_	10. Name and Address of New R	egistered Agent	
ODOLU	011.55.0		81	Name			
1001 N	CH LEE S I FEDERAL HWY 206		82 Street Ac		ess (P.O. Box Number is Not Acceptabl	e)	
HALLA	NDALE FL 33009		83				
			84	City		FL 85 Z	ip Code
familiar wit	ed agent, or both, in the State of Florida h, and accept the obligations of. Section Signature, typed or printed name of registered agent a	n 607.0505, Florida Statutes Id title if applicable (NC	S. OTE: Registered Age	ooration's board intagnature required	whon reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12
TITLE	LUNDGREN, RICHARD	□ DELETE	1 1 THILE			Change	Addition
NAME	1001 N FEDERAL HWY 206		1.2 NAME				
STREET ADDRESS	HALLANDALE FL		1.3 STREE	T ADDRESS			
CITY - S1 - ZIP	VSD		1.4 DITY-			· 	
TITLE	LAYNE, DOROTHY	DELETE	2. 1 TITLE			☐ Change	Addition Addition
NAME	1001 N FEDERAL HWY 206		2 2 NAME				
STREET ADDRESS	HALLANDALE FL			T ADDRESS			
CITY-ST-ZIP	TO THE TE	ÉTI DOLOTE	2 4 CITY -	ST-ZIP			FO Assess
TITLE NAME		☐ DELETE	3 1 TITLE			☐ Change	Addition
STREET ADDRESS			3.2 NAME	T ADDRECC			
CITY-ST-ZIP				T ADDRESS			
TITLE	<u> </u>	DELETE	3.4 C(1)Y- 4. 1 TITLE	51- LIF		[] Change	Addition
NAME		_	4.2 NAME				
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TITLE		☐ DELETE	5 1 TITLE			☐ Change	Addition
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CITY-ST-ZIP			5.4 CiTY-				
TITLE		☐ DELÉTE	6 1 THILE			☐ Change	Addition
NAME			6.2 NAME				
STHEET ADDRESS			6 3 STREE	T ADDRESS			
CITY - ST - ZIP			6.4 CITY-	ł .			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13.7 hanged or on an attachment with an address.

SIGNATURE:

HONATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRPOTOR

March 21, 1996 954-791-2433