

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F37785** (5)

1. Corporation Name:  
**A. AND R. LARSON, INC.**



Principal Place of Business: **% ALAN LARSON  
3416 SOUTH FEDERAL HWY  
DELRAY BEACH FL 33483-3227**

Mailing Address: **% ALAN LARSON  
3416 SOUTH FEDERAL HWY  
DELRAY BEACH FL 33483-3227**

2. Principal Place of Business: 21 State, Apt., #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 State, Apt., #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **06/25/1981** 3a. Date of Last Report: **02/16/1995**

4. FEI Number: **59-2100547** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing/Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**LARSON, ALAN  
3416 SOUTH FEDERAL HWY  
DELRAY BEACH FL**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.031, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE:  DELETE PD  
NAME: **LARSON, RICHARD**  
STREET ADDRESS: **4740 TORTOISE SHELL DR**  
CITY, STATE, ZIP: **BOCA RATON FL**

2. TITLE:  DELETE STD  
NAME: **LARSON, ALAN**  
STREET ADDRESS: **4740 TORTOISE SHELL DR**  
CITY, STATE, ZIP: **BOCA RATON FL**

3. TITLE:  DELETE V  
NAME: **LARSON, YVONNE**  
STREET ADDRESS: **4740 TORTOISE SHELL DR**  
CITY, STATE, ZIP: **BOCA RATON FL**

4. TITLE:  DELETE

5. TITLE:  DELETE

6. TITLE:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE:  Change  Addition

2. TITLE:  Change  Addition

3. TITLE:  Change  Addition

4. TITLE:  Change  Addition

5. TITLE:  Change  Addition

6. TITLE:  Change  Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntary, 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. 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 in character, position and full name with an address.

SIGNATURE: **X**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ALAN LARSON**

**X 2-8-96** (407) 395-6716  
DATE: \_\_\_\_\_

CR2E034 (12/95)