## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

JUHN P	LAUDENSLAGEH, P.A.							
Principal Place of Business		Mailing Address		1 1051011 3110 1010 1111	i Albar Allan till bibli all	ALS REGIS DIRECT R	1811 01011 1681	
1029 DELACROIX CIRCLE NOKOMIS FL 34275 US		P.O. BOX XXXX1460 NOKOMIS FL 34274-1460 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/09/1986				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
<u> </u>		26		59-2642160		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status De	sired	\$8.75 A		
22		- 27		J. Certificate of Status De.		- Fee Re	quired _	
City & State		City & State		<ol><li>Election Campaign Final Trust Fund Contribution</li></ol>	5, 111	\$5.00 Added t	•	
Zip         Country         Zip           24         25         29		<u> </u>	Country 30		This corporation owes to Personal Property Tax.	•		MNo
24	9. Name and Address of Current	<u> </u>	1		10. Name and Address of	New Registered	Agent	
			81	Name				
LAUDENSLAGER, JOHN P. 1029 DELACROIX CIRCLE NOKOMIS FL 34275			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	:	,			
			84	City		FL	85 Zip (	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth ons of, Section 607.0505, Florida	orized by Statutes	the corpora	progration submits this statement ation's board of directors. I herebuired when reinstating)	for the purpose of c y accept the appoin	tment as re	registered gistered
			13.	in signature requ	ADDITIONS/CHANGES		D DIRECTO	RS IN 12
TITLE	PD	DELETE 1.1					☐ Change	☐ Addition
NAME	LAUDENSLAGER, JOHN P.		1.2 NAME					
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP			1.4 CITY-5	T-ZIP		· <del></del>		
TITLE	☐ DELETE 2:		2.1 TITLE	1			Change	Addition
NAME			2.2 NAME					
STREET ADORESS			2.3 STREE	TADORESS				
CITY-ST-ZIP				ST-ZIP		·	Change	Addition
TITLE							ontainge	☐ r accasa
NAME			3.2 NAME	T ADDRESS				
STREET ADDRESS					,			
CITY-ST-ZIP			3.4. CITY-ST-ZIP 4.1 TITLE				☐ Change	☐ Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CTY-ST-ZIP			4.4 CITY-5					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ANDRESS			5.3 STREE	TADDRESS				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90016 035 \*\*\*150.00