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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90116 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J79249

1. Corporation Name

R.J. LANGE & SON, INC.

Principal Place of Business

420 BAYSHORE DR
P.O. BOX 206
OZONA FL 34660

Mailing Address

420 BAYSHORE DR
P.O. BOX 206
OZONA FL 34660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1987

4. FEI Number

59-2858171

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24

25

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGE, RICHARD J.
420 BAYSHORE DR
BUILDING 11
OZONA FL 34660

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LANGE, R. J.
STREET ADDRESS 420 BAYSHORE DR
CITY-ST-ZIP OZONA FL 34660
☒ DELETE

1.1 TITLE
1.2 NAME Retired
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE P
NAME LANGE, SCOTT
STREET ADDRESS 420 BAYSHORE DR
CITY-ST-ZIP OZONA FL 34660
☐ DELETE

2.1 TITLE P
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE S
NAME LANGE, CONNIE
STREET ADDRESS 420 BAYSHORE DR.
CITY-ST-ZIP OZONA FL 34660
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T
NAME BECK, CLIFF
STREET ADDRESS OLYMPIA ST 5710
CITY-ST-ZIP NEW PORT RICHEY FL 34652
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott R. Lange
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-99

Date

(727) 784-2629

Daytime Phone #

CR2E034 (11/98)