

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000088001 (9)**

1. Corporation Name  
**LAMONT, INC.**



Principal Place of Business: **6037 VILLAGE CIR N ORLANDO FL 32822**  
Mailing Address: **6037 VILLAGE CIR N ORLANDO FL 32822**

3. Date Incorporated or Qualified: **11/16/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **59-3348109**  
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

2. Principal Place of Business  
21 **6037 Village Cir. N.**  
Suite, Apt. #, etc.: \_\_\_\_\_  
22 \_\_\_\_\_  
City & State: **ORLANDO FL**  
23 \_\_\_\_\_  
Zip: **32822** Country: **USA**  
24 \_\_\_\_\_ 25 \_\_\_\_\_  
2a. Mailing Address  
26 **Post Office Box 62**  
Suite, Apt. #, etc.: \_\_\_\_\_  
27 \_\_\_\_\_  
City & State: **ORLANDO FL**  
28 \_\_\_\_\_  
Zip: **32802** Country: **USA**  
29 \_\_\_\_\_ 30 \_\_\_\_\_

9. Name and Address of Current Registered Agent  
**JOHNSON, STEVEN L  
6037 VILLAGE CIR N  
ORLANDO FL 32822**

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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE: <b>PROSIDENT</b>	<input type="checkbox"/> DELETE
NAME: <b>STEVEN L. JOHNSON</b>	
STREET ADDRESS: <b>6037 VILLAGE CIR N.</b>	
CITY-STATE-ZIP: <b>ORLANDO FL 32822</b>	
TITLE: <b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME: <b>STEVEN L. JOHNSON</b>	
STREET ADDRESS: <b>6037 VILLAGE CIR N.</b>	
CITY-STATE-ZIP: <b>ORL. FL. 32822</b>	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**\$200 PPD by Bank 3-19**

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 199.07(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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **26 FEB 96** (407) 341-0224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)