

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:03

DOCUMENT # **S59974** (3)

1. Corporation Name:
LARSON COMMUNITIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
4691 LAUREL OAK LANE NE ST. PETERSBURG FL 33703 US

3. Date Incorporated or Qualified **06/17/1991** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-3086004** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

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

City & State City & State
23 **28**

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

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LARSON, WALTER
1139 MONTICELLO BLVD. NO
ST. PETERSBURG FL 33703**

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 607.1508, 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 title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, JEFFREY	1.2 NAME	
STREET ADDRESS	985 MARCO DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, JEFFREY.	2.2 NAME	
STREET ADDRESS	985 MARCO DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, LAURA	3.2 NAME	
STREET ADDRESS	210 FOREST HILLS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	VALDESE NC	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, WALTER	4.2 NAME	
STREET ADDRESS	1139 MONTICELLO BLVD. NO	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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: **4-7-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR