

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 284226

Entity Name: LSCU SERVICE CORPORATION, INC.**Current Principal Place of Business:**3692 COOLIDGE CT
TALLAHASSEE, FL 32311**Current Mailing Address:**3692 COOLIDGE CT
TALLAHASSEE, FL 32311 US**FEI Number:** 59-1086132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LA PINE, PATRICK
3692 COOLIDGE CT
TALLAHASSEE, FL 32311 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	MELBOURNE, JOE
Address	1000 LAKE PRIMERA BLVD
City-State-Zip:	LAKE MARY FL 32743

Title	SECRETARY
Name	NOBBLEY, SHANE
Address	2204 FAMILY SECURITY PLACE SW
City-State-Zip:	DECATUR AL 35603

Title	VC
Name	COWANS, ALVIN J
Address	35 WEST MICHIGAN STREET
City-State-Zip:	ORLANDO FL 32806

Title	PRESIDENT
Name	LAPINE, PATRICK
Address	3692 COOLIDGE COURT
City-State-Zip:	TALLAHASSEE FL 32311

Title	SVP FINANCE & ADMINISTRATION
Name	HOLLAND, BUCK
Address	3692 COOLIDGE COURT
City-State-Zip:	TALLAHASSEE FL 32311

Title	CHAIRMAN
Name	SWOFFORD, STEVE
Address	220 PAUL BRYANT DRIVE , E
City-State-Zip:	TUSCALOOSA FL 35401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK LAPINE**PRESIDENT/CEO****02/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date