

2020 FLORIDA PROFIT CORPORATION AMENDED 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:** Yes**Name and Address of Current Registered Agent:**HEMINGWAY, WEN DR.
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:** DR. WEN HEMINGWAY**11/19/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VC
Name JOHNSON, KEVIN
Address PO BOX 11904
City-State-Zip: TAMPA FL 33680

Title CHAIRMAN
Name WILLIAMS, TINA
Address 3150 AIRPORT BLVD.
City-State-Zip: MOBILE AL 36606

Title SECRETARY, TREASURER
Name AKIN, BRIAN
Address 3692 COOLIDGE CT
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name EGAN, DREW
Address 3692 COOLIDGE CT
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name WORRELL, DARRYL
Address 3692 COOLIDGE CT
City-State-Zip: TALLAHASSEE FL 32311

Title CFO
Name HEMINGWAY, WEN DR.
Address 3692 COOLIDGE CT
City-State-Zip: TALLAHASSEE FL 32311

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: DR WEN HEMINGWAY**CHIEF FINANCIAL
OFFICER****11/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date