

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000053527

**Entity Name:** CONLAUR INC.

**Current Principal Place of Business:**

10694 BLACK OAK DRIVE  
PLAIN CITY, AL 43064

**Current Mailing Address:**

10694 BLACK OAK DRIVE  
PLAIN CITY, AL 43064 US

**FEI Number: 85-2247533**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH ST. N  
SUITE 300  
ST. PETERSBURG, FL 33702 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 VP  
Name MURPHY, LEANNE E  
Address 10694 BLACK OAK DRIVE  
City-State-Zip: PLAIN CITY OH 43064

Title PRESIDENT, AND TREASURER  
Name MURPHY, STEVEN M  
Address 10694 BLACK OAK DRIVE  
City-State-Zip: PLAIN CITY OH 43064

Title GC  
Name MURPHY, LEANNE E  
Address 10694 BLACK OAK DRIVE  
City-State-Zip: PLAIN CITY OH 43064

Title DIR  
Name MURPHY, LEANNE E  
Address 10694 BLACK OAK DRIVE  
City-State-Zip: PLAIN CITY 53 43064

Title CHAIRMAN, DIRECTOR  
Name MURPHY, STEVEN M  
Address 10694 BLACK OAK DRIVE  
City-State-Zip: PLAIN CITY OH 43064

*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: LEANNE MURPHY**

**GENERAL COUNSEL**

**01/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date