

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 009133 (0)  
1. Corporation Name  
LAINHART AND POTTER



Principal Place of Business  
~~P O BOX 428~~  
715 25TH ST.  
WEST PALM BEACH FL 33402

Mailing Address  
P O BOX 428  
~~715 25TH ST.~~  
WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified 01/01/1979 3a. Date of Last Report 03/21/1995

2. Principal Place of Business  
21 715 25TH STREET  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 428  
Suite, Apt. #, etc.

4. FEI Number 59-0323763 Applied For Not Applicable

22 City & State  
23 WEST PALM BEACH, FL  
Zip 33407 Country U.S.A.

27 City & State  
28 WEST PALM BEACH, FL  
Zip 33402 Country U.S.A.

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

9. Name and Address of Current Registered Agent

LAINHART, GEORGE D  
715 25TH STREET  
WEST PALM BEACH FL 33402

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME LAINHART, GEORGE D  
STREET ADDRESS 136 EBBTIDE  
CITY-ST-ZIP N. PALM BEACH FL  
TITLE VD  
NAME MCKENNA JR, E RIDGE  
STREET ADDRESS 142 ATLANTIC RD.  
CITY-ST-ZIP NORTH PALM BCH FL  
TITLE D  
NAME NELSON, ELIZABETH L  
STREET ADDRESS 136 YACHT CLUB DR 9  
CITY-ST-ZIP N PALM BEACH FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(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:

George D. Lainhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 1996 404 832-5541  
Date Daytime Phone #

CR2E034 (12/95)