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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **009133**

1. Corporation Name
LAINHART AND POTTER

Principal Place of Business	Mailing Address
715 25TH STREET 715 25TH ST. WEST PALM BEACH FL 33407 US	PO BOX 428 715 25TH ST. WEST PALM BEACH FL 33402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/01/1919

2. Principal Place of Business 21 715 25th Street	2a. Mailing Address 26 P.O. Box 428
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip / Country 24 33407 / 25 USA	Zip / Country 29 33402 / 30 USA

4. FEI Number: 59-0323763 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAINHART, DONALD C 715 25TH ST WEST PALM BEACH FL 33402	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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAINHART, GEORGE D		1.2 NAME		
STREET ADDRESS	136 EBBTIDE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCKENNA JR,E RIDGE		2.2 NAME		
STREET ADDRESS	1534 N OCEAN WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		2. 4 CITY-ST-ZIP		
TITLE	PSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAINHART, DONALD C		3.2 NAME		
STREET ADDRESS	14656 BOXWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4. CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEFFLER, JERE B		4. 2 NAME		
STREET ADDRESS	52 DORCHESTER CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Donald C. Lainhart — Donald C. Lainhart — March 5, 1999 — 561-832-5541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #