

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 242800

1. Entry Name
LANGSTON BAG CO. OF FLORIDA, INC.



Principal Place of Business

ROBERT T LANGSTON
3508 N FEDERAL HWY
DELRAY BEACH, FL 33483

Mailing Address

ROBERT T LANGSTON
3508 N FEDERAL HWY
DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0919241

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, DUDLEY
3508 N FEDERAL HWY
DELRAY BEACH, FL 33444

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000142600
04/30/04-80056-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LANGSTON, R E
STREET ADDRESS 3525 WAYNOKA
CITY-ST-ZIP MEMPHIS, TN

TITLE SD
NAME SEXTON, COURTNEY
STREET ADDRESS 5466 SPAINWOOD DR
CITY-ST-ZIP MEMPHIS, TN

TITLE VD
NAME LANGSTON, DUDLEY
STREET ADDRESS 1859 OVERTON PARK
CITY-ST-ZIP MEMPHIS, TN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

901-685-1160

Date

Daytime Phone #