FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 253129 (1)

1. Corporation Name:
LAUREL INVESTMENT ASSOCIATION INC

Principal Place of Business	Mailing Address
217 NASSAU ST 217 NASSAU ST VENICE FL 34285	217 NASSAU ST 217 NASSAU ST VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1961
3a. Date of Last Report: 06/06/1994
4. FEI Number: 59-1448934 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

BLAIR,JOHN J
217 S NASSAU ST
VENICE FL 34285

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HARRISON, ROBERT W
STREET ADDRESS	116 CIRCUIT DRIVE
CITY-ST-ZIP	NOKOMIS, FL 00000
TITLE	D
NAME	FOSLER, GEORGE S
STREET ADDRESS	3228 SUFFOLK
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	D
NAME	BLAIR, JOHN J
STREET ADDRESS	617 RAVENNA ST
CITY-ST-ZIP	VENICE, FL 00000
TITLE	STD
NAME	ENGELMANN, DOROTHY
STREET ADDRESS	232 ST AUGUSTINE #106E
CITY-ST-ZIP	VENICE FL
TITLE	PD
NAME	MEADOWS, JOHN G
STREET ADDRESS	751 CAPRI ISLES BLVD 108
CITY-ST-ZIP	VENICE, FL 00000
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: Dorothy E. Engelmann
Secy Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95
Date

813-488-2136
Daytime Phone #