

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 253129 (1)

1. Corporation Name

LAUREL INVESTMENT ASSOCIATION INC

Principal Place of Business

217 NASSAU ST
217 NASSAU ST
VENICE FL 34285

Mailing Address

217 NASSAU ST
217 NASSAU ST
VENICE FL 34285



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

BLAIR, JOHN J
217 S NASSAU ST
VENICE FL 34285

3. Date Incorporated or Qualified

11/15/1961

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1448934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

Hattie Blair

82. Street Address (P.O. Box Number is Not Acceptable)

217 Nassau St

83.

84. City

Venice, Fl.

FL

85. Zip Code
34285

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Hattie Blair

6-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	HARRISON, ROBERT W	
STREET ADDRESS	116 CIRCUIT DRIVE	
CITY-STATE-ZIP	NOKOMIS, FL 00000	
TITLE	D	☐ DELETE
NAME	FOSLER, GEORGE S	
STREET ADDRESS	3228 SUFFOLK	
CITY-STATE-ZIP	SARASOTA, FL 00000	
TITLE	D	☐ DELETE
NAME	BLAIR, JOHN J	
STREET ADDRESS	617 RAVENNA ST	
CITY-STATE-ZIP	VENICE, FL 00000	
TITLE	STD	☐ DELETE
NAME	ENGELMANN, DOROTHY	
STREET ADDRESS	232 ST AUGUSTINE #108E	
CITY-STATE-ZIP	VENICE FL	
TITLE	PD	☐ DELETE
NAME	MEADOWS, JOHN G	
STREET ADDRESS	751 CAPRI ISLES BLVD 108	
CITY-STATE-ZIP	VENICE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. 1. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. 1. TITLE	☒ Change ☐ Addition
10. NAME	Hattie Blair
11. STREET ADDRESS	617 Ravenna St.
12. CITY-STATE-ZIP	Venice, Fl 34285
13. 1. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. 1. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. 1. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. 1. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. 1. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. 1. TITLE	☐ Change ☐ Addition
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	
37. 1. TITLE	☐ Change ☐ Addition
38. NAME	
39. STREET ADDRESS	
40. CITY-STATE-ZIP	
41. 1. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
45. 1. TITLE	☐ Change ☐ Addition
46. NAME	
47. STREET ADDRESS	
48. CITY-STATE-ZIP	
49. 1. TITLE	☐ Change ☐ Addition
50. NAME	
51. STREET ADDRESS	
52. CITY-STATE-ZIP	
53. 1. TITLE	☐ Change ☐ Addition
54. NAME	
55. STREET ADDRESS	
56. CITY-STATE-ZIP	
57. 1. TITLE	☐ Change ☐ Addition
58. NAME	
59. STREET ADDRESS	
60. CITY-STATE-ZIP	
61. 1. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-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)(g), 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 Engelmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-96

DATE

DAYTIME PHONE #

CR2E034 (12/95)