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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **255397** **(2)**

1. Corporation Name

LAY LAINE CORPORATION

Principal Place of Business	Mailing Address
25601 LAYLAINE DRIVE P.O. BOX 146 ASTATULA FL 34705 US	P.O. BOX 146 P.O. BOX 146 ASTATULA FL 34705 US

2. Principal Place of Business	2a. Mailing Address
21 Address: Astatula	26
22 Suite, Apt. #, etc: P O Box 146	27 Suite, Apt. #, etc: SAME
23 City & State: Astatula	28 City & State
24 Zip: 34705 25 Country: Lake	29 Zip 30 Country

3. Date Incorporated or Qualified: **01/29/1962**
3a. Date of Last Report: **06/14/1995**

4. FEI Number: **59-0999086** ☐ 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

9. Name and Address of Current Registered Agent

MCCORMICK, JOHN M.
501 E CHURCH ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): None

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 of officer. (NOTE: Registered Agent signature required when name changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WARD JR,CARROLL L		1.2 NAME		
STREET ADDRESS	LAY LAINE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ASTATULA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARD,FREDERIC L		2.2 NAME		
STREET ADDRESS	LAY LAINE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ASTATULA FL		2.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARD,ELAINE E		3.2 NAME		
STREET ADDRESS	LAY LAINE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ASTATULA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WARD, CARROLL L JR		4.2 NAME		
STREET ADDRESS	LAY LAINE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ASTATULA FL		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 (12/95)

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)(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.

SIGNATURE: Carroll L Ward Jr Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

742-1325
Daytime Phone #