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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 348646

(1)

1. Corporation Name

LASSITER-WARE OF CITRUS COUNTY, INC.

Principal Place of Business

2421 HIGHWAY 44, WEST
PO BOX 1209
INVERNESS FL 34451-1209
US

Mailing Address

2421 HIGHWAY 44, WEST
PO BOX 1209
INVERNESS FL 34451-1209
US

3. Date Incorporated or Qualified

06/26/1969

3a. Date of Last Report

01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTRANDER, TED R. J
1317 CITIZENS BLVD.
LEESBURG FL 34748

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

Signature type in printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

SD
NAME: STOER, JOHN J JR
STREET ADDRESS: 10839 LAKE HARRIS CIRCLE
CITY- ST- ZIP: TAVARES FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

PD
NAME: OSTRANDER, TED R JR.
STREET ADDRESS: 1644 LOVES POINT DR.
CITY- ST- ZIP: LEESBURG FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TD
NAME: LEWIS, RAYMOND P. II
STREET ADDRESS: 507 LEWIS ST.
CITY- ST- ZIP: FRUITLAND PARK FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VD
NAME: CAUFFMAN, THERESA M.
STREET ADDRESS: 400 VISTA ST.
CITY- ST- ZIP: INVERNESS FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE: TED R. OSTRANDER, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

352-787-3441

Daytime Phone #

0440740

CR2E034 (9/96)