

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90106 008 ***150.00

DOCUMENT # 368179

1. Corporation Name

L & S INCORPORATED

Principal Place of Business

P O BOX 162
LAKELAND FL 33802

Mailing Address

P O BOX 162
LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1970

4. FEI Number

59-1298959

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

COOPER, BEVERLY ANNA
901-C EAST LEMON ST
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

SCOTT H. LANGSTON

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

117 S. FLORIDA AVE

83

84 City

LAKELAND

FL

85 Zip Code
33801

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

Scott H. Langston

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **PD CROWSON, JOHN W**
STREET ADDRESS **901-C EAST LEMON ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☒ DELETE

NAME **DST COOPER, BEVERLY A**
STREET ADDRESS **901-C EAST LEMON ST**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Judy Rose**
1.3 STREET ADDRESS **8113 10th Avenue South**
1.4 CITY-ST-ZIP **Birmingham, AL 35206**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Susie Cooper**
2.3 STREET ADDRESS **2760 South Tanner Road**
2.4 CITY-ST-ZIP **Orlando FL 32820**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Jeffrey S. Shivers**
3.3 STREET ADDRESS **201 South Florida Avenue**
3.4 CITY-ST-ZIP **Lakeland, FL 33801**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)