

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Office of Secretary of State
Secretary of State
Tallahassee, Florida 32399-0001
(904) 487-2400

DOCUMENT # **491653**

(2)

LAWRENCE D. BLACK, P.A.

RECEIVED
AND
FILED

MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/25/1975

DO NOT WRITE IN THIS SPACE

1. Principal Office Location 650 SEMINOLE BLVD. LARGO FL 34640-0625		2a. Mailing Address 650 SEMINOLE BLVD. LARGO FL 34640-0625		3a. Date of Last Report 04/27/1994	
2. Filing Status 21	2b. Mailing Address 26	4. FEI Number 59-1674362		Applied For ☐ Not Applicable	
22. State Agent 22	27. State Agent 27	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City 23	28. City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Zip 24	25. Zip 25	29. Zip 29	30. County 30	8. This corporation has liability for intangible tax under S. 190 (19) Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**BLACK, LAWRENCE D.
650 SEMINOLE BLVD
LARGO FL 34640-0625**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.14(8), Florida Statutes, this 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, if any, and the agreement of its registered agent, if any, in accordance with the provisions of Section 607.01(2)(b)(2), Florida Statutes.

SIGNATURE: *Lawrence D. Black*

5/4/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	PD BLACK, LAWRENCE D. 119 13TH ST. BELLEAIR BEACH FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Add
1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	S BLACK, LAWRENCE D. 119 13TH ST. BELLEAIR BEACH FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Add
1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	S BURTON, CLAYTON B. 1441 MAPLE FOREST DR. CLEARWATER FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Add
1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP		1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Add
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(1)(b)(2), Florida Statutes. I further certify that the information indicated on the 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 person or persons empowered to file this report as required by Chapter 421, Florida Statutes, and that my name appears in Block 1, or Block 1 of a changed or corrected annual report with an address.

SIGNATURE:

Lawrence D. Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95

(813) 585-2031