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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 504585

(1)

LANCASTER LA	AND COMPANY	OF OKALOOSA	COUNTY, INC.

Principal Place of	f Business	Mailing Address				
11B PARK CH P.O. BOX 22 EX. WALTON		P.O. BOX 22 P.O. BOX 22 FT. WALTON BCH FL (32540			
FY. WALTON BCH FL 32549 FT. WALTON BCH US					3. Date Incorporated or Qualified 06/04/1976	3a. Date of Lest Report 05/01/1995
2. Principal Plac		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #,	PRY E-21HER BLUD	Suite, Apt. #, etc.		 	59-1670706	Not Applicable \$8.75 Additional
3016, Apr. #,		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
3 MARY	esthor Florida	28			Trust Fund Contribution	Ad ted to Fees
Zip	Country	Zip	Coun	itry	8. This corporation has liability for i	
4	25 OKALOOSA	29	30		Florida Statutes Yes 10, Name and Address of New R	□No
	9. Name and Address of Curren	t Registered Agent		B1 Name	10, Name and Address of New N	egistered Agent
1 411040	TED DADERT D		L			
	TER, ROBERT B.		1	B2 Street Add	ress (P.O. Box Number is Not Acceptab	le)
IID PAR	K CIRCLE		l _i	B3		
FT WALT	TOM BCH. FL 32549					
I I WAL	10/1 00/11.7 12 32343		;	B4 City		FL 85 Zip Code
 Pursuant to or registered familiar with SIGNATURE 	d event of the in the State of Florid at layer to conductions of, Sect	da. Such change was authorize ion 607.0505, Florida Statutes.	d by the co	orporation's boa	ration submits this statement for the pur ord of directors. I hereby accept the appo	pose of charging his registered childs on the charge of th
	<u> </u>			lgent signature require	ed when reinstatings ADDITIONS/CHANGES TO OFF	DATE
12. Titlé	OFFICERS AN	DELETE DELETE	13.	ı F	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	LANCASTER, ROBERT B.	been	1.2 NA			E charge E reason
STREET ADDRESS	240 HOLLYWOOD BLVD. SE	:		REET ADDRESS		
City-St-ZiP	FT WALTON BEACH FL	•		Y - \$1 - ZIP		
TITLE	, 1, 777 - 1 - 1 - 1 - 1 - 1 - 1 - 1	☐ DELETE	2. 1 T(T			Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2 3 STF	KEE1 ADDRESS		
Crty-St-ZiP			2 4 C1T	Y-ST-ZIP		
TITLE		DELETE	3.1 10	LE	· ·	Change Addition
NAMÉ			3 2 NA			
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP		☐ DELETE	3.4 C(T 4. 1 T)	Y-ST-ZIP		Change Addition
TITLE			4.7 NA			C. O. O. O. C. J. Madison
NAME STREET ADDRESS				REET ADDRESS		•
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	5 1 111			Change Addition
NAME		_	5 2 NAI	ME		
STREET ADDRESS			5.3 STF	REET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	6. 1 7(1	TLE .		☐ Change ☐ Addition
NAME			6 2 NA	ME		
STREET ADDRESS	_		63ST	REET ADDRESS		
C:TY-ST-ZiP				Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	07/0/07 F1 11 (0) T1 11 12 11
14. I do hereby certify that oath; that I appears in	certry that the information supplied the information indicates on this ann am an officer by director of the corpo Block 12 or Block 3 if ghonged or	with this filing is voluntarily furni ual report or supplemental anni pration or the receiver or trustee on an attachment with an addri	isned and ç ual report is e empoweri ess.	goes not qualify strue and accur ed to execute th	for the exemption stated in Section 119 ate and that my signature shall have the sis report as required by Chapter 607, Fi	.บา(อ)หูง, Fiorida Statutes. I furner same legal effect as if made under orida Statutes, and that my name

SIGNATURE:

25 APRIL 9L