**FILED** 

Jun 18, 1999 8:00 am Secretary of State

06-18-1999 90007 028 \*\*\*550.00

## 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** 

## DOCUMENT # 536262

1. Corporation Name

LANGE CORPORATION-ARCHITECTS/PLANNERS

									AIRII 81811 1881
Principal Place of Business Mailing Address						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
526 15TH AVENUE N.E. 526 15TH AVENUE N.E.									
P.O. BOX 7776	A 51 mans.	P.O. BOX 7776 St. Petersburg FL 3373				DO NOT WRITE IN THIS SPACE			
ST. PETERSBURG FL 33734 ST. PETERSBU			SBURG FL 33734			3. Date Incorporated or Qualifed			
						06/02/1977			-
2 Princinal Pt	ace of Business	2a. Mailing Address				4. FEI Number		- I Ai	pplied For
2. / Mopal / .		26	~~-			<del>59</del> -1754220	-	N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					7	\$8.75	Additional
22	.,	27	27			5. Certifcate of Status Desired		Fee R	equired
City & State	<u> </u>	City & State				6. Election Campaign Financing	7	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25 29 30		30	1 didditain repairs			□No		
	9. Name and Address of Cur	rent Registered Agent		<del></del>		10. Name and Address of New Reg	istered Ag	ent	
				81 N	lame				
	SE, STEVEN D.		82 Stre			dress (P.O. Box Number is Not Acceptable)			
	15TH AVENUE N.E.								
ST. F	PETERSBURG FL 33704			83					
			1	84 C	ity			<b>85</b> Zip	Code
					•		FL	-   '	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obj	ate of Florida, Such change was	authorized	I by the	amed corpor corporation	ation submits this statement for the pur 's board of directors. I hereby accept the	pose of ch e appointr	anging its nent as re	; registered egistered
SIGNATURE						<u></u>			
	Signature, typed or printed name of registered	<u> </u>		Agent sign	nature required w		DATE		
12.	······································	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		Change	ORS IN 12 ☐ Addition
TITLE	\$	☐ DELETE	1.1 TR				ı	change	☐ Addition
NAME	LANGE, MARY ALICE	_	1.2 NA						ļ
STREET ADDRESS	1		1.3 ST	1.3 STREET ADDRESS					)
CITY-ST-ZIP	ST PETERSBURG FL			TY-ST-ZIP	•			Change	Addition
TITLE	PTD	☐ DELETE	2.1 TIT	LE	İ		l	Change	
NAME	Brital, Orline		2.2 NA	ME					f
STREET ADDRESS	526 15TH AVENUE N.E.		2.3 ST	REET ADD	DRESS				
CITY-ST-ZIP	ST PETERSBURG FL			ITY-ST-ZK	Р				- Addition
TITLE		☐ DELETE					ł	Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET ADD	DRESS				
CITY-ST-ZIP				1TY-\$ <u>T-Z</u> if	P				
TITLE		☐ DELETE	4.1 TIT	ſLE	İ		ļ	☐ Change	☐ Addition
NAME			4. 2 N	AME					}
STREET ADDRESS			4.3 ST	REET ADD	DRESS				l
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TIT		ļ			Change	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET ADD	DRESS				
CITY-ST-ZIP		_	5.4 CF	TY-ST-ZIP	P				
TITLE		☐ DELETE	6.1 TIT	î.E			Ī	Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS	•		6.3 ST	REET ADD	DRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Steven D. Lange

(727)823-7868