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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 28 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **545944** **(1)**

1. Corporation Name
J. D. LASS-CO, INC.

Principal Place of Business	Mailing Address
J D LASS CO INC 308 SPRING FOREST AVE JACKSONVILLE FL 32216	J D LASS CO INC 308 SPRING FOREST AVE JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/22/1977**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 2426 Pine Island Ct.	26 2426 Pine Island Ct.
Suite, Apt. #, etc. 22 Jacksonville, Florida	Suite, Apt. #, etc. 27 Jacksonville, Florida
City & State 23 32224	City & State 28 32224
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-1781739** ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LASSITER, JAMES D. 308 SPRING FOREST AVE JACKSONVILLE FL 32216-5911	81 Name: Lassiter, James D. 82 Street Address (P.O. Box Number is Not Acceptable): 2426 Pine Island Ct. 83 Jacksonville, 84 City: FL 85 Zip Code: 32224

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	LASSITER, JAMES D.	12 NAME	James D. Lassiter
STREET ADDRESS	308 SPRING FOREST AVE	13 STREET ADDRESS	2426 Pine Island Ct.
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, Fl. 32224
TITLE	S	21 TITLE	S ☑ Change ☐ Addition
NAME	LASSITER, CLAUDINE	22 NAME	Claudine B. Lassiter
STREET ADDRESS	308 SPRING FOREST AVE	23 STREET ADDRESS	2426 Pine Island Ct.
CITY-ST-ZIP	JAX FL 11	24 CITY-ST-ZIP	Jacksonville, Fl. 32224
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James D. Lassiter 4-25-95 904-223-4369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES D. LASSITER

0017711 CP