


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **545944** (1)

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

97 JUL 25 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>2426 PINE ISLAND CT. 808 SPRING FOREST AVE JACKSONVILLE FL 32224 US</b>	Mailing Address <b>2426 PINE ISLAND CT 808 SPRING FOREST AVE JACKSONVILLE FL 32224 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2426 Pine Island Ct.</b> Suite, Apt. #, etc. 22 <b>Jacksonville, FL.</b> City & State 23 <b>32224-3101</b> Zip Country		2a. Mailing Address 26 <b>2426 Pine Island Ct.</b> Suite, Apt. #, etc. 27 <b>Jacksonville, FL.</b> City & State 28 <b>32224-3101</b> Zip Country		3. Date Incorporated or Qualified <b>09/22/1977</b>	3a. Date of Last Report <b>04/15/1996</b>
				4. FEI Number <b>59-1781739</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LASSITER, JAMES D. 2426 PINE ISLAND CT. JACKSONVILLE FL 32224</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LASSITER, JAMES D. 2426 PINE ISLAND CT. JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LASSITER, CLAUDINE B. 2426 PINE ISLAND CT. JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600002252506--1 -07/30/97--01066--014 ****165.00 ****165.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)

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J. D. LASS-CO, INC.  
2426 Pine Island Court  
Jacksonville, Florida 32224

July 22, 1997

Re: Fed. ID #59-1781739 - Document No. 545944

Attached you will find Profit Corporation Annual Report for the year 1997, Second Notice, which was received July 19th. The original was never received, due to the fact that the report was sent to the old address and was never forwarded to the new address. Your department was notified of the change of address on the previous report.

I am enclosing a check in the amount of \$165.00, as instructed by your representative, Robin, at telephone #904-488-9000. Please be sure that the address change is made, as it is hard to remember when the report is due each year and payment cannot be made without the actual report document.

Please note that 308 Spring Forest Avenue is the previous address and should not be included in the new address - 2426 Pine Island Court, Jacksonville, Florida 32224-3101.

Thank you,  
J. D. Lass-Co, Inc.

  
James D. Lassiter President

Enclosure