

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90029 027 ***150.00

DOCUMENT # 561734

1. Corporation Name
FENTON AND LANG, INC.

Principal Place of Business
**2 SOUTH BEACH RD.
P.O. BOX 67
HOBE SOUND FL 33475-7067**

Mailing Address
**2 SOUTH BEACH RD.
P.O. BOX 67
HOBE SOUND FL 33475-7067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1978

4. FEI Number
59-1817704

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**LANG, J. GRAEME, JR.
2 SOUTH BEACH RD.
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSTD**
STREET ADDRESS **LANG, J.GRAEME, JR.**
CITY-ST-ZIP **2 SOUTH BEACH ROAD**
HOBE SOUND FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MARTIN, LAWRENCE L**
CITY-ST-ZIP **209 RIDGEWAY ROAD**
LEXINGTON KY

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **JOHN BLADES,**
CITY-ST-ZIP **402 SEABREEZE AVENUE**
PALM BEACH FL 33480

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WHELAN, ALDEN L**
CITY-ST-ZIP **513 POST OAK RD.**
ANNAPOLIS MD

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MORGAN, JAMES C.**
CITY-ST-ZIP **4100 SE OLD ST. LUCIE BLVD**
STUART FL 34996

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HARTMAN, PETER**
CITY-ST-ZIP **3140 SE ST. LUCIE BLVD.**
STUART FL 34997

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

REQUIRE **J.G. LANG** **4/30/99** **561734-201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

0374011