FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # LAN MAC INC.

CITY-ST-ZIP



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

585960

(8)

FILED Jan 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2565 SOUTH STR 2565 SOUTH STR FT MYERS FL 33901 FT MYERS FL 33901 DO NOT WRITE IN THIS SPACE HS 3 Date Incorporated or Qualified 09/11/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1851717 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ Ño 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCKINNEY, LARRY M. 2565 SOUTH ST 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33901 83 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 red agent and title if app (NOTE: Registered Agent signature regulred when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1,1 TITLE MCKINNEY, LARRY M 1.2 NAME NAME CR2E034 STREET ADDRESS 2565 SOUTH STR 1.3 STREET ADDRESS FT MYERS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE VPD 2.1 TITLE MCKINNEY, LANCE 2.2 NAME NAME 2565 SOUTH STR STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL 2. 4 CITY-ST-ZIP CITY - ST - ZIE DELETE Change Addition TITLE 3.1 TITLE WALL, LISA MCKINNEY 3.2 NAME NAME 2565 SOUTH STR 3.3 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE: