FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 732728

(1)

LA DRONES, INC.										
Principal Place	of Business	Mailing Address								
·										
90- 4TH STREET #765		90- 4TH STREET #765	#765							
EAGLE LAKE	FL 33839	EAGLE LAKE FL 33839	e			2 Data become stand as O alife of	70 D-1-	-414	D	
						3. Date Incorporated or Qualified 05/09/1975	3a. Date 04	of Last /27/19		
	ace of Business	2a. Mailing Address				4. FEI Number		\rightarrow	Applied For	
Suite, Apt.	H otc	26 Suite Ant # ate				5 9 6 607251			Not Applicable	
22 Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State	9		City & State			Clastica Compaign Financian				
23		28				6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip			Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29		30			Florida Statutes				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Ag	ent		
				81 Name					ì	
RICHARD	}	82 Street A	Address	(P.O. Box Number is Not Acceptable	e)					
3002 AVE G, NW				of contracting in the new plants						
WINTER	HAVEN FL 33880			83						
			ŀ	84 City				85 Zip	p Code	
							FL			
or register	o the provisions of Sections 617,0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Sections	a. Such change was authoriz	ed by the c	ve-named cor orporation's t	progration board of	n submits this statement for the purp f directors. I hereby accept the appo	ose of chang intment as re	jing its re gistered	egistered office agent. I am	
SIGNATURE	Signature, typed or printed name of registered agent i	and the franciscobie /h/C	TE: Posistavad	Agent signature rec	no in du the	no estantulina)	DATE			
12.	OFFICERS AND				SQUITE J WITE	ADDITIONS/CHANGES TO OFFIC		RECTO)BS IN 12	
TITLE	D	DELETE	11 11	LE		7.557110113-01741320-70-0171		Change	Addition	
NAME	CARLISI, CHARLIE	_	1.2 N/					•		
STREET ADDRESS	370 ECHO E.	1.3		REET ADDRESS					i	
CITY-ST-ZIP	LAKE ALFRED FL		1.4 CiT	Y-ST-ZIP						
THILE	VTD	DELETE:	2.1 TIT	LE				Change	Addition	
NAME	RICHARDS, BLAIR	CHARDS, BLAIR		2.2 NAME						
STREET ADDRESS	3002 AVENUE G NW		2.3 ST	2.3 STREET ADDRESS						
CHTY-ST-ZIP	WINTER HAVEN, FL 00000	ER HAVEN, FL 00000		Y-ST-ZIP						
TITLE	PD			LE				Change	☐ Addition	
NAME	HILL, LLOYD W.		3.2 NA	3.2 NAME]	
STREET ADDRESS	621 AVENUE M SW		3.3 ST	EET ADDRESS					j	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CI	Y-ST-ZIP						
TITLE	SD	DELETE	4.1 T (T	LE				Change	☐ Addition	
NAME	TOWLE, GREG		4. 2 NA	ME						
STREET ADDRESS	940 8TH STREET NW		4.3 STF	EET ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL			Y-ST-ZIP			<u>-</u>			
TITLE	D 1110 111150 D	DELETE	5.1 TIT	1				Change	Addition	
NAME	DAVIS, JAMES R.		5 2 NAI							
STREET ADDRESS	101 MARJORIE AVE.			EET ADDRESS						
CITY-ST-ZIP	AUBURNDALE FL	Finerere		Y-ST-ZIP				<u> </u>		
TITLE	D CATTEREIGI D. DEAN	DELETE	6 1 TIT				L	Change	☐ Addition	
NAME	SATTERFIELD, DEAN		6.2 NA							
STREET ADDRESS		AVE ALEDED EL		EET ADDRESS						
CITY-ST-ZIP	LAKE ALFRED FL y certify that the information supplied w	ith this filing is yell intoxib. 4		Y-ST-ZIP	16, 60- 41-	o everation stated in Continue #10.0	7/0///	D4-4 1	1 6 mHz :	
certify that	the information indicated on this annu-	al report or supplemental anni	ual report is	true and acc	curate a	nd that my signature shall have the s	ame legal eff	ect as if	made under	
oath; that I	I am an officer or director of the corpor Block 12 or Block 13 if changed, or or	ation or the receiver or truster	e empowere	ed to execute	e this rep	port as required by Chapter 617, Flor	ida Statutes;	and tha	it my name	

SIGNATURE:

DYALL MUKALOW

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR C

april 22,1996 941 293-760

CR2E037 (12/95)