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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 827164 (5)

1. Corporation Name
LARSON & SONS DEVELOPING, INC.

Principal Place of Business
4691 LAUREL OAK LANE NE
ST PETERSBURG FL 33703-3132
US

Mailing Address
4691 LAUREL OAK LN NE
ST. PETERSBURG FL 33703-3132
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
12/10/1971

3a. Date of Last Report
04/17/1996

4. FEI Number

22-1836976

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

LARSON, WALTER I.
~~5352 JOES CREEK DRIVE NORTH~~
ST. PETERSBURG FL 33709

81 Name
LARSON, WALTER I.

82 Street Address (P.O. Box Number is Not Acceptable)
4691 LAUREL OAK LANE NE

83

84 City
ST. PETERSBURG FL 85 Zip Code
33703

11. Pursuant to the provisions of Sections 607.0507 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 re-instating)

2/18/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LARSON, WALTER I.
STREET ADDRESS 1139 MONTICELLO BLVD. N.
CITY - ST - ZIP ST. PETERSBURG FL 00000

TITLE D
NAME LARSON, MARJORIE E.
STREET ADDRESS 5460 JOE'S CREEK DR. N.
CITY - ST - ZIP ST. PETERSBURG FL

TITLE STD
NAME LARSON, DAVID V.
STREET ADDRESS 775 34TH AVE. N.E.
CITY - ST - ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97
Date

813-526-5155
Daytime Phone #

CR2E034 (9/96)