2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000005878

Entity Name: LAGINAPPE CONSTRUCTION, INC.

FILED Mar 05, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
540 MAIN STREET BAY ST LOUIS, MS 39520				398 BLAIZE AVENUE BAY ST LOUIS, MS 39520		
Current Mailing Address:				New Mailing Address:		
540 MAIN STREET BAY ST LOUIS, MO 39520			398 BLAIZE AVENUE BAY ST LOUIS, MS 39520			
FEI Number	: 72-1384626	FEI Number Applied For()	FEI Nun	nber Not Appl	cable () Ce	rtificate of Status Desired()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SUMMERS, FORREST 12395 EVELYN AVENUE PORT CHARLOTTE, FL 33981 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
in the State	e of Florida.					
SIGNATU		ic Signature of Registered Agen				 Date
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () SCHMITT, MICH 540 MAIN STRE BAY ST LOUIS,	ET		Title: Name: Address: City-St-Zip:	P (X) Cha SCHMITT, MICHAEL 6816 BELLE FONTA OCEAN SPRINGS, I	AINE DRIVE
Title: Name: Address: City-St-Zip:	ST () SCHMITT, MAR 540 MAIN STRE BAY ST LOUIS,	ET		Title: Name: Address: City-St-Zip:	S (X) Cha SCHMITT, MARSHA 6816 BELLE FONTA OCEAN SPRINGS, I	AINE DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP () Cha SCHMITT, MICHAEL 58 GOOD STREET BAY ST. LOIUS, MS	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () Cha SCHMITT, MICHAEL 6816 BELLE FONTA OCEAN SPRINGS, I	AINE DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () Cha SCHMITT, MARSHA 6816 BELLE FONTA OCEAN SPRINGS, I	AINE DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	T () Cha SCHMITT, MARSHA 6816 BELLE FONTA OCEAN SPRINGS, I	AINE DRIVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SCHMITT IV VP 03/05/2003