

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **F14237** (4)

1. Corporation Name

LAUGHLIN OF PINELLAS COUNTY, INC.

Principal Place of Business

**544 PINELLAS BYWAY
UNIT 204
TIERRA VERDE FL 33715-1931
US**

Mailing Address

**P. O. BOX 1775
PALM HARBOR FL 34682-1775
US**



2. Principal Place of Business

2a. Mailing Address

21 **2817 Skimmer Point**
22 **Drive South**

26 **P.O. Box 5319**
27 **State Apartment**

23 **Gulfport, FL**

28 **Sun City Center, FL**

24 **33707** 25 **Pinellas**

29 **33571**

30 **Hillsborough**

9. Name and Address of Current Registered Agent

**LAUGHLIN, ROGER A
544 PINELLAS BYWAY
UNIT 204
TIERRA VERDE FL 33715**

3. Date Incorporated or Qualified

01/01/1981

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2056643

Applied For

Not Applicable

5. Contribution of Studies 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. 190.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

2817 Skimmer Point Drive South

83

84 City

Gulfport

FL

85

33707

11. Pursuant to the provisions of Sections 607.0105 and 607.0107, 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 I accept the obligations of, Section 607.0105, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETED

NAME **PD
LAUGHLIN, ROGER A
544 PINELLAS BYWAY #204
TIERRA VERDE FL**

2. NAME ☐ DELETED

3. NAME ☐ DELETED

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32. NAME ☐ DELETED

33. NAME ☐ DELETED

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

**2817 Skimmer Point Drive South
Gulfport, FL 33707**

4. CITY, STATE

5. ZIP

☐ Change ☐ Addition

6. NAME

7. NAME

8. STREET ADDRESS

9. CITY, STATE

10. ZIP

☐ Change ☐ Addition

11. NAME

12. NAME

13. STREET ADDRESS

14. CITY, STATE

15. ZIP

☐ Change ☐ Addition

16. NAME

17. NAME

18. STREET ADDRESS

19. CITY, STATE

20. ZIP

☐ Change ☐ Addition

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, STATE

25. ZIP

☐ Change ☐ Addition

26. NAME

27. NAME

28. STREET ADDRESS

29. CITY, STATE

30. ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, and I am not changing the information furnished in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger A. Laughlin

2/1/96

(813) 345-4569

CR2E034 (12/95)