

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90020 042 ***150.00

DOCUMENT # F37785

1. Corporation Name

A. AND R. LARSON, INC.

Principal Place of Business

% ALAN LARSON
3416 SOUTH FEDERAL HWY
DELRAY BEACH FL 33483-3227

Mailing Address

% ALAN LARSON
3416 SOUTH FEDERAL HWY
DELRAY BEACH FL 33483-3227

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1981

4. FEI Number

59-2100547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 4740 Tortoise Shell Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

City & State

23 Boca Raton, Florida

City & State

28 Same

Zip

Country

24 33431 25 Palm Beach

Zip

Country

29 Same 30

9. Name and Address of Current Registered Agent

LARSON, ALAN
3416 SOUTH FEDERAL HWY
DELRAY BEACH FL

10. Name and Address of New Registered Agent

81 Name

Richard Larson

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

4740 Tortoise Shell Drive

83

84 City

Boca Raton

FL

85 Zip Code

33431

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

Richard Larson x

Richard Larson

X 4-28-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LARSON, RICHARD
STREET ADDRESS 4740 TORTOISE SHELL DR
CITY-ST-ZIP BOCA RATON FL

TITLE STD ☒ DELETE

NAME LARSON, ALAN
STREET ADDRESS 4740 TORTOISE SHELL DR
CITY-ST-ZIP BOCA RATON FL

TITLE V ☐ DELETE

NAME LARSON, YVONNE
STREET ADDRESS 4740 TORTOISE SHELL DR
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secretary/Treasurer/Director

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, with all other like empowered.

SIGNATURE:

Richard Larson

Richard Larson

Date

CR2E034 (11/98)