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Jan 17 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 # F69989

(4)

1. Corporation Name

L.F. EVERETT COMPANY, INC.

Principal Place of Business

% L.F. EVERETT
182 POINSETTA STREET
ATLANTIC BEACH FL 32233

Mailing Address

% L.F. EVERETT
182 POINSETTA STREET
ATLANTIC BEACH FL 32233-4018



2. Principal Place of Business

21 220 9TH AVE. NO.

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE BEACH, FL

24 Zip

32250

Country

25 DUNAL

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 JACKSONVILLE BEACH, FL

29 Zip

30 Country

3. Date Incorporated or Qualified

03/08/1982

3a. Date of Last Report

04/04/1996

4. FEI Number

59-2187111

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

EVERETT, L.F.
182 POINSETTA STREET
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 a resident of the State of Florida, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* L.F. EVERETT

01-04-97

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME EVERETT, L F
STREET ADDRESS 182 POINSETTA ST
CITY-ST-ZIP ATLANTIC BEACH 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

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

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 or on an attachment with an address

SIGNATURE: *[Signature]* L.F. EVERETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-97 (904) 241-1800

Date Daytime Phone #

CR2E034 (9/96)