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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000000464

1. Corporation Name
L. REIT, INC.

Principal Place of Business
**819 W. SHOREWOOD DRIVE
EAU CLAIRE WI 54703-9671**

Mailing Address
**819 W. SHOREWOOD DRIVE
EAU CLAIRE WI 54703-9671**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

39-1710949

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 P. O. Box 12309

27 Suite, Apt. #, etc.

28 City & State

Oklahoma City, OK

29 Zip Country

73157

30 USA

9. Name and Address of Current Registered Agent

**VAN CLEAVE, MICHAEL L
2001 ROCK SPRINGS ROAD
APOPKA FL 32712**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PT
REIT, LARRY L
3424 JEFFERS ROAD
EAU CLAIRE WI 54703**

TITLE ☒ DELETE

NAME
**VS
REIT, JENNIFER C
3424 JEFFERS ROAD
EAU CLAIRE WI 54703**

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

**P.
Reit, Larry L.
P. O. Box 12309
Oklahoma City, OK 73157**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

**V
Whelan, Joe
P. O. Box 12309
Oklahoma City, OK 73157**

3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

**T
Mettry, Denise
P. O. Box 12309
Oklahoma City, OK 73157**

4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

**S
Gardner, Karen
P. O. Box 12309
Oklahoma City, OK 73157**

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

405-440-6305

Daytime Phone #

CR2E034 (1/98)