FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:39

DOCUMENT # G05811 (6)

1. Corporation Name
L.A.T. CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
7124 CONGRESS ST. NEW PORT RICHEY FL 34653 US	P.O. BOX 1027 P.O. BOX 1027 PORT RICHEY FL 34673 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1982
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business
21 6039 PINEHILL ROAD
22 Suite, Apt. #, etc.
23 City & State: PORT RICHEY, FL
24 Zip: 34668 25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-2231533 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, LARRY A.
7124 CONGRESS STREET
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: LARRY A. THOMPSON
82 Street Address (P.O. Box Number is Not Acceptable): 6039 PINEHILL ROAD
83
84 City: PORT RICHEY FL 85 Zip Code: 34668

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, JAMES	1.2 NAME	DIRECTOR DELETED
STREET ADDRESS	7124 CONGRESS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	D/S/T ☐ Change ☐ Addition
NAME	THOMPSON, PATRICIA	2.2 NAME	PATRICIA M. THOMPSON
STREET ADDRESS	7124 CONGRESS ST.	2.3 STREET ADDRESS	6039 PINEHILL ROAD
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	DP	3.1 TITLE	D/P ☐ Change ☐ Addition
NAME	THOMPSON, LARRY	3.2 NAME	LARRY A. THOMPSON
STREET ADDRESS	7124 CONGRESS ST.	3.3 STREET ADDRESS	6039 PINEHILL ROAD
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Patricia M. Thompson 1-11-95 813/847-1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA M. THOMPSON SEC/TREAS.

0450000 FP