

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G12992** (5)

1. Corporation Name

BARRETT LAIDLAW GERVAIS, INC.



Principal Place of Business

Mailing Address

% ROBERT DIXON
9260 SUNSET DRIVE #103
MIAMI FL 33173
US

% ROBERT DIXON
9260 SUNSET DRIVE #103
MIAMI FL 33173
US

3. Date Incorporated or Qualified
12/03/1982

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **9260 SUNSET DRIVE #103**

26 **9260 SUNSET DRIVE #103**

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-2239749

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

10. Name and Address of New Registered Agent

SOKOL, LAUREN
9260 SUNSET DR #103
MIAMI FL 33173

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARRETT, JORDAN	
STREET ADDRESS	9260 SUNSET DR. #103	
CITY- ST- ZIP	MIAMI FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BARRETT, PATRICIA	
STREET ADDRESS	9260 SUNSET DR. #103	
CITY- ST- ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SOKOL, LAUREN	
STREET ADDRESS	9260 SUNSET DR. #103	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAIDLAW, DAVID	
STREET ADDRESS	9260 SUNSET DRIVE, #103	
CITY- ST- ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERVAIS, JOHN P	
STREET ADDRESS	9260 SUNSET DRIVE, #103	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lauren Sokol **LAUREN SOKOL, TREAS.**

Date **1/23/96**

Daytime Phone # **305-596-1379**

CR2E034 (12/95)