

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G37778** (9)

1. Corporation Name
LAMFAMCO, INC.



Principal Place of Business
**END OF FIRST ST
MOORE HAVEN FL 33471
US**

Mailing Address
**END OF FIRST ST
PO BOX 1064
MOORE HAVEN FL 33471
US**

3. Date Incorporated or Qualified 05/10/1983	3a. Date of Last Report 02/27/1995
4. FET Number 59-2289126	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**JUNE R LAMASTER
END OF FIRST ST
PO BOX 68
MOORE HAVEN FL 33471**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
	FL

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 (if not applicable)

(901 is Registered Agent signature required when report filed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	STREET ADDRESS	12. NAME	STREET ADDRESS
CITY - ST - ZIP		13. STREET ADDRESS	
		14. CITY - ST - ZIP	
TITLE	NAME	2. TITLE	NAME
NAME	STREET ADDRESS	22. NAME	STREET ADDRESS
CITY - ST - ZIP		23. STREET ADDRESS	
		24. CITY - ST - ZIP	
TITLE	NAME	3. TITLE	NAME
NAME	STREET ADDRESS	32. NAME	STREET ADDRESS
CITY - ST - ZIP		33. STREET ADDRESS	
		34. CITY - ST - ZIP	
TITLE	NAME	4. TITLE	NAME
NAME	STREET ADDRESS	42. NAME	STREET ADDRESS
CITY - ST - ZIP		43. STREET ADDRESS	
		44. CITY - ST - ZIP	
TITLE	NAME	5. TITLE	NAME
NAME	STREET ADDRESS	52. NAME	STREET ADDRESS
CITY - ST - ZIP		53. STREET ADDRESS	
		54. CITY - ST - ZIP	
TITLE	NAME	6. TITLE	NAME
NAME	STREET ADDRESS	62. NAME	STREET ADDRESS
CITY - ST - ZIP		63. STREET ADDRESS	
		64. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

941-946-0886

CR2E034 (12/95)