

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 23 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 # **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 33471-1064
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

~~JUNE R LAMASTER
END OF FIRST ST
PO BOX 1064
MOORE HAVEN FL 33471~~

RENN F. LAMASTER
END OF 1st ST.
P.O. Box 1064
MOORE HAVEN, FL 33471

3. Date Incorporated or Qualified
05/10/1983

3a. Date of Last Report
04/09/1996

4. FEI Number

59-2289126

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

81 Name

RENN F. LAMASTER

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

P.O. Box 1064

83 City

End of First Street

84

Moore Haven

FL

85

Zip Code
33471

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 **LAMFAMCO INC.**

Signature, typed or printed name of registered agent and title if applicable

Renn F. Lamaster Pres.

(NOTE: Registered Agent signature required when reinstating)

4-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **LAMASTER, JUNE**
STREET ADDRESS **END OF FIRST ST**
CITY-ST-ZIP **MOORE HAVEN, FL 00000**
☒ DELETE

TITLE **D.P.**
NAME **RENN F. LAMASTER**
STREET ADDRESS **END OF 1st ST.**
CITY-ST-ZIP **P.O. Box 1064**
MOORE HAVEN, FL 33471
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP**
1.2 NAME **RENN F. LAMASTER**
1.3 STREET ADDRESS **P.O. Box 1064 - End of 1st St.**
1.4 CITY-ST-ZIP **MOORE HAVEN, FL 33471**
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 if changed, or in an attachment with an address.

CP2E034 (9/96)