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 FEB 21 AM 9:11

DOCUMENT # G42479 (7)

1. Corporation Name
LAFOREST INTERNATIONAL SERVICE, INC.

Principal Place of Business	Mailing Address
C/O STEPHEN THACKER, ESQ 407 S EWING AVE CLEARWATER FL 34616-5766	C/O STEPHEN THACKER, ESQ 407 S EWING AVE CLEARWATER FL 34616-5766

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1983
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21: 460 S. WOODLANDS DRIVE
22: Suite, Apt. #, etc.
23: City & State: OLDSMAR FL
24: Zip: 34677 25: Country: USA

2a. Mailing Address
26: P.O. BOX 1063
27: Suite, Apt. #, etc.
28: City & State: PALM HARBOR FL
29: Zip: 34682 30: Country: USA

4. FEI Number: 59-2322624 ☐ 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

9. Name and Address of Current Registered Agent

O STEPHEN THACKER, ESQ
407 S EWING AVE
CLEARWATER FL 34616

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 date as applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LAFOREST, THOMAS J.	12 NAME	
STREET ADDRESS	460 S. WOODLANDS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	LAFOREST PARENT, J.M.	22 NAME	
STREET ADDRESS	460 S. WOODLANDS DR.	23 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	LAFOREST, EDIE K.	32 NAME	
STREET ADDRESS	460 S. WOODLANDS DR.	33 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is absolutely true 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 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 with an address, with the exception of officers.

SIGNATURE: Thomas J. LaForest 17 Feb 95 784-8985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0359780 CP