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May 14 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 # **G48900** (6)

1. Corporation Name
LAUDERBACK BROS., INC.

Principal Place of Business
**806 NORTH HOAGLAND BOULEVARD
KISSIMMEE FL 34741**

Mailing Address
**806 NORTH HOAGLAND BOULEVARD
KISSIMMEE FL 34741-4518**



2. Principal Place of Business
21 **4010 Fourth St. Hgr 2**
Suite, Apt #, etc.
22
City & State
23 **Kissimmee, FL**
Zip Country
24 **34741** 25 **USA**
2a. Mailing Address
26 **3951 Merlin Dr.**
Suite, Apt #, etc.
27
City & State
28 **Kissimmee, FL 34741**
Zip Country
29 **USA** 30 **USA**

3. Date Incorporated or Qualified
07/14/1983
3a. Date of Last Report
02/26/1996
4. FEI Number
59-2443692
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

**MAHAFFEY, JOHN D., JR., ESQ.
3438 LAWTON ROAD, SUITE 200
ORLANDO FL 32803**

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	LAUDERBACK, RICHARD M.	5339 HANSEL AVE. C-16 ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	D	LAUDERBACK, PETER C.	5339 HANSEL AVE. C-16 ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	D	LAUDERBACK, JOHN C.	2011 WINSLOW DR ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *Richard M. Lauderback* **Richard M. Lauderback** 407-846-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/28/97

CR2E034 (9/96)