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Jan 21 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 # **G52119** (6)  
1. Corporation Name:  
**LSLT CHURCHWELL, INCORPORATED**



Principal Place of Business: **6608 E. HWY. 22  
PANAMA CITY FL 32404**  
Mailing Address: **6608 E. HWY. 22  
PANAMA CITY FL 32404-9522**

3. Date Incorporated or Qualified: **07/29/1983**  
3a. Date of Last Report: **07/11/1996**  
4. FEI Number: **59-2304978**  
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

2. Principal Place of Business: **21**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**CHURCHWELL, LARRY J.**  
**2894 CECIL ROAD**  
**CAMPBELLTON FL 32426**  
*2541 Ferol Lane  
Lynn Haven, FL 32444*

10. Name and Address of New Registered Agent

81 Name: **FL**  
82 Street Address (P.O. Box Number is Not Acceptable): **FL**  
83 **FL**  
84 City: **FL** 85 Zip Code: **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 and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE: **P** ☐ DELETE  
NAME: **CHURCHWELL, LARRY**  
STREET ADDRESS: **2894 CECIL ROAD**  
CITY - ST - ZIP: **CAMPBELLTON FL**  
TITLE: **V** ☐ DELETE  
NAME: **CHURCHWELL, SHARON L**  
STREET ADDRESS: **2894 CECIL ROAD**  
CITY - ST - ZIP: **CAMPBELLTON FL**  
TITLE: **TS** ☐ DELETE  
NAME: **ALLEN, BILL**  
STREET ADDRESS: **410 S PAL ALTO AVE.**  
CITY - ST - ZIP: **PANAMA CITY FL 32401**  
TITLE: **V** ☐ DELETE  
NAME: **CHURCHWELL, DON**  
STREET ADDRESS: **6608 E HWY 22**  
CITY - ST - ZIP: **PANAMA CITY FL 32401**  
TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
CITY - ST - ZIP: ☐ DELETE  
TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
CITY - ST - ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: **P** ☒ Change ☐ Addition  
1.2 NAME: **Churchwell, Larry**  
1.3 STREET ADDRESS: **2541 Ferol Lane**  
1.4 CITY - ST - ZIP: **Lynn Haven, FL 32444**  
2.1 TITLE: **V** ☒ Change ☐ Addition  
2.2 NAME: **Churchwell, Sharon L**  
2.3 STREET ADDRESS: **2541 Ferol Lane**  
2.4 CITY - ST - ZIP: **Lynn Haven, FL 32444**  
3.1 TITLE: ☐ Change ☐ Addition  
3.2 NAME: ☐ Change ☐ Addition  
3.3 STREET ADDRESS: ☐ Change ☐ Addition  
3.4 CITY - ST - ZIP: ☐ Change ☐ Addition  
4.1 TITLE: ☐ Change ☐ Addition  
4.2 NAME: ☐ Change ☐ Addition  
4.3 STREET ADDRESS: ☐ Change ☐ Addition  
4.4 CITY - ST - ZIP: ☐ Change ☐ Addition  
5.1 TITLE: ☐ Change ☐ Addition  
5.2 NAME: ☐ Change ☐ Addition  
5.3 STREET ADDRESS: ☐ Change ☐ Addition  
5.4 CITY - ST - ZIP: ☐ Change ☐ Addition  
6.1 TITLE: ☐ Change ☐ Addition  
6.2 NAME: ☐ Change ☐ Addition  
6.3 STREET ADDRESS: ☐ Change ☐ Addition  
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 on an attachment with an address.

SIGNATURE: **Bill Allen** **Bill Allen** 1-9-97 904-871-0953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)