

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 # **G63232**

(4)

1. Corporation Name

LAMARCHE ENTERPRISES, INC.

Principal Place of Business

**31409 PRESTWICK DRIVE
SORRENTO FL 32776
US**

Mailing Address

**31409 PRESTWICK DRIVE
SORRENTO FL 32776
US**

2. Principal Place of Business

2a. Mailing Address

21 **4227 LAKE AVENUE**

26 **4227 LAKE AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **PALM HARBOR 71**

27 **PALM HARBOR 71**

City & State

City & State

23 **34684**

28 **34684**

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HINES, JAMES P.
315 HYDE PARK AVE.
TAMPA FL 33606**

3. Date Incorporated or Qualified

10/01/1983

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2391231

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

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 607.0506, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent's signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP
LAMARCHE, PHILIP J
717 McDONALD ST.
MOUNT DORA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
LAMARCHE, SARAH R.
717 McDONALD ST.
MOUNT DORA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 813 944-3226

Date

Telephone Number

CR2E034 (12/95)