

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90096 020 ***150.00

DOCUMENT # H06777

1. Entity Name
LOUISIANA LAGNIAPPE, INC.

Principal Place of Business
**775 GULF SHORE DR.
P.O. BOX 158
DESTIN FL 32541**

Mailing Address
**P.O. BOX 99
DESTIN FL 32540
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-1006315**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KRANZ, THOMAS E~~
~~1241 AIRPORT ROAD~~
~~DESTIN FL 32541~~

Name **John Hammond Comer**
Street Address (P.O. Box Number is Not Acceptable)
1751 SCENIC HWY 98E
#719
City **Destin** FL Zip Code **32541**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **John Hammond Comer/Vice President**

John H. Comer

1/8/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COBB, HENRY JR**
STREET ADDRESS **30 CROSS CREEK**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **John Hammond Comer**
STREET ADDRESS **1751 SCENIC HWY 98E** **#719**
CITY-ST-ZIP **Destin, FL 32541**

TITLE ~~**EVP**~~ ☒ Delete
NAME ~~**KRANZ, THOMAS E**~~
STREET ADDRESS ~~**1241 AIRPORT ROAD**~~
CITY-ST-ZIP ~~**DESTIN FL 32541**~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John Hammond Comer/Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

(850)837-1637

Daytime Phone #

CR2E034 (9/01)