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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H07007 (8)

1. Corporation Name  
GARY LAPIERRE, INC.

Principal Place of Business  
10130 BEACH BLVD  
JACKSONVILLE FL 32216

Mailing Address  
10130 BEACH BLVD  
JACKSONVILLE FL 32246-4710  
US



3. Date Incorporated or Qualified 06/07/1984  
3a. Date of Last Report 03/05/1996

4. FEI Number 59-2420969  
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  
21 548 Bayridge Rd  
Suite, Apt #, etc.

2a. Mailing Address  
26 548 Bayridge Rd  
Suite, Apt #, etc.

22 City & State  
Jacksonville Florida

27 City & State  
Jacksonville fl

23 Zip 32216 Country Duval  
24 32216 25 Duval

28 Zip 32216 Country Duval  
29 32216 30 Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OBERDORFER, E. CHARLES  
1719 BLANDING BLVD.  
JACKSONVILLE FL 32210

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 *Gary Lapierre* (NOTE: Registered Agent signature required when reinstating) DATE 3-3-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LAPIERRE, GARY  
STREET ADDRESS 10130 BEACH BLVD.  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE PD  
NAME Lapierre Gary  
STREET ADDRESS 548 Bayridge Rd  
CITY-ST-ZIP Jax fl 32216  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
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CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 included 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, changed, or on an attachment with an address.

SIGNATURE: *Gary Lapierre* REQUIRED 3-3-96 904-724-0829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)