

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:16

DOCUMENT # H35683

(2)

1. Corporation Name

LAGS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

411 CLEVELAND AVENUE
FT. MYERS FL 33901

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FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1984

3a. Date of Last Report

06/30/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2610955

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

9. Name and Address of Current Registered Agent

GARGANO, ANTHONY J
1520 ROYAL PALM SQUARE BLVD.
STE. 260
FT. MYERS FL 33919

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAGESCHULTE, DAVE
STREET ADDRESS	2644 SHRIVER DR.
CITY-ST-ZIP	FT. MYERS FL
TITLE	SD
NAME	BRAWNER, TERRY
STREET ADDRESS	1439 LARKSPUR DR.
CITY-ST-ZIP	FT. MYERS FL
TITLE	DE
NAME	LYNCH, PAUL W.
STREET ADDRESS	5745 SANDPIPER PLACE
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	KLINGENSMITH, KIT A.
STREET ADDRESS	6723 PLANTATION MANOR
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	REGNIER, DALE R.
STREET ADDRESS	981 WITTMAN DRIVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO / D	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P / D	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1410 THISTLE DOWN LANE	
2.4 CITY-ST-ZIP		
3.1 TITLE	T / S / D	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(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:

Paul W. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL W. LYNCH, SEC/TREAS

1/25/95

P13-271-6337

(Signature Required)