

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90082 047 ***150.00

DOCUMENT # H35683

1. Corporation Name
LAGS ENTERPRISES, INC.



Principal Place of Business
4411 CLEVELAND AVENUE
FT. MYERS FL 33901

Mailing Address
4411 CLEVELAND AVENUE
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1984

4. FEI Number
59-2610955

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

GARGANO, ANTHONY J
2075 W FIRST ST
STE 203
FT. MYERS FL 33901

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME LAGESCHULTE, DAVE
STREET ADDRESS 2844 SHRIVER DR.
CITY-ST-ZIP FT. MYERS FL

TITLE PD
NAME BRAWNER, TERRY
STREET ADDRESS 77 S BIRCH RD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE TSD
NAME LYNCH, PAUL W.
STREET ADDRESS 5745 SANDPIPER PLACE
CITY-ST-ZIP FT. MYERS FL

TITLE D
NAME KLINGENSMITH, KIT A.
STREET ADDRESS 1838 WHITE CAP CIR
CITY-ST-ZIP N 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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4411 CLEVELAND AVE
1.4 CITY-ST-ZIP FT MYERS FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4411 CLEVELAND AVE
2.4 CITY-ST-ZIP FT MYERS FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 4411 CLEVELAND AVE
3.4 CITY-ST-ZIP FT MYERS FL

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 4411 CLEVELAND AVE
4.4 CITY-ST-ZIP FT MYERS FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 4411 CLEVELAND AVE
5.4 CITY-ST-ZIP FT MYERS FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

941-275-6339

Daytime Phone #

CR2E034 (11/98)