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95 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H44715** (1)
1. Corporation Name
LAGRANGE BAYOU DEVELOPMENT CORPORATION, INC.

Principal Place of Business Mailing Address
C/O P. O. DRAWER 1508 FT. WALTON BCH. FL 32549 **C/O P. O. DRAWER 1508 FT. WALTON BCH. FL 32549**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/26/1985	04/07/1984
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2735385	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAHMES, GORDAN R JR. 151 MARY ESTHER CUT-OFF SUITE 102 MARY ESTHER FL 32569				81 Name	George W. Mehling		
				82 Street Address (P.O. Box Number is Not Acceptable)	39 Paradise Point		
				83			
				84 City	Shalimar	85 Zip Code	FL 32579

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, of 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 *George W. Mehling* DATE **4/27/95**
By filing, I bind or bind my agent or registered agent and the corporation to the provisions of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANA, JOSEPH C	1. 2 NAME	
STREET ADDRESS	2652 EDGEWATER DR.	1. 3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	1. 4 CITY - ST - ZIP	
TITLE	D	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHLING, GEORGE W	2. 2 NAME	
STREET ADDRESS	39 PARADISE POINT	2. 3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL	2. 4 CITY - ST - ZIP	
TITLE	D	3. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, JAMES	3. 2 NAME	Delete
STREET ADDRESS	233 EDGE-AVE.	3. 3 STREET ADDRESS	
CITY - ST - ZIP	VALPARAISO FL	3. 4 CITY - ST - ZIP	
TITLE	D	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, WM B	4. 2 NAME	
STREET ADDRESS	#3 SHARLYN DRIVE	4. 3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL	4. 4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY - ST - ZIP		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)(4), 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: *William B. Welch* **William B. Welch** 904-244-2731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Print) #