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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H78688

(9)

1. Corporation Name

LASCO ENTERPRISES, INC.

Principal Place of Business

% COY A. KOONTZ, JR.
875 LAKEWOOD DRIVE
MERRITT ISLAND FL 32952

Mailing Address

% COY A. KOONTZ, JR.
875 LAKEWOOD DRIVE
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1985

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2595088

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

2. Principal Place of Business

21 317 MAGNOLIA AVE.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MERRITT ISLAND, FL

City & State

28

Zip

24 32952

Country

25 BREVARD

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KOONTZ, COY A., JR.
875 LAKEWOOD CIRCLE
MERRITT ISLAND FL 32952

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOONTZ, COY A., JR.
STREET ADDRESS	875 LAKEWOOD CIRCLE
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	STD
NAME	KOONTZ, LINDA A.
STREET ADDRESS	875 LAKEWOOD CIRCLE
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	VPD
NAME	VOGT, SUZANNE K.
STREET ADDRESS	7405 DARIEN RD
CITY - ST - ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	3/T/VP/D	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	PRESIDENT, DIRECTOR	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA A. KOONTZ, PRES.

4/10/95

407-452-5387