

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 APR 28 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # H84168****(4)**

1. Corporation Name

LANCASTER CAPITAL CORPORATION

Principal Place of Business

**5306 CORTEZ RD WEST
SUITE FOUR
BRADENTON FL 34210**

Mailing Address

**5306 CORTEZ RD WEST 6234 E. MERCER WAY
SUITE FOUR MERCER ISLAND, WA
BRADENTON FL 34210 98040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/06/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2615432

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

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26**6234 E. MERCER WAY**

Suite, Apt. #, etc.

27

City & State

28**MERCER ISLAND, WA**

Zip

29**98040**

Country

30**USA**

9. Name and Address of Current Registered Agent

**ERIC D. HOWELL
JAMERSON, JOHN E.
5306 CORTEZ RD WEST 4
BRADENTON FL 34210**

10. Name and Address of New Registered Agent

81Name **ERIC D. HOWELL****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. A 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)

4/24/95
DATE

12. OFFICERS AND DIRECTORS

**TITLE DPT
NAME JAMERSON, JOHN E.
STREET ADDRESS 5306 CORTEZ RD WEST 4 6234 E. MERCER WAY
CITY - ST - ZIP BRADENTON FL MERCER ISLAND, WA 98040**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6234 E. MERCER WAY
1.4 CITY - ST - ZIP MERCER ISLAND, WA 98040****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP****TITLE
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CITY - ST - ZIP****3.1 TITLE ☐ Change ☐ Addition
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5.3 STREET ADDRESS
5.4 CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
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)(b), 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:

JOHN E. JAMERSON
OR SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95

206-230-9390