FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 JUL -5 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H98513** **(5)**

1. Corporation Name

LARAINE'S OF FISHERMEN'S VILLAGE INC.

Principal Place of Business	Mailing Address
% LARAINE R. PROVENCE M-19, 1200 RETTA ESPLANADE PUNTA GORDA FL 33950	% LARAINE R. PROVENCE M-19, 1200 RETTA ESPLANADE PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1986	3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2635783	☐ 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 activity for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business — 21:
Street Address, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Street Address, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

PROVENCE, LARAINE R.
114 ROBINA ST.
PT. CHARLOTTE FL 33954

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 of New Registered Agent, if changing) (Name of New Registered Agent, Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PTD	1 TITLE	☐ Change ☐ Addition
1 NAME	PROVENCE, LARAINE R	1 NAME	
1 STREET ADDRESS	114 ROBINA ST.	1 STREET ADDRESS	
1 CITY-ST-ZIP	PT. CHARLOTTE FL 33954	1 CITY-ST-ZIP	
2 TITLE		2 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
2 STREET ADDRESS		2 STREET ADDRESS	
2 CITY-ST-ZIP		2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I (We) 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)(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 alphabetical designation.

SIGNATURE: Laraine R. Provence 7-3-95 813 627 8986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0329250 CP