

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J39298 (1)
1. Corporation Name
LANG DEVELOPMENT CORPORATION



Principal Place of Business
61 W BAY DR
COCOA BCH FL 32831
US

Mailing Address
61 W BAY DR
COCOA BCH FL 32831-2401
US

3. Date Incorporated or Qualified
10/24/1986

3a. Date of Last Report
08/19/1996

4. FEI Number
59-2740205

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

LANG, JOSEPH W.
61 W BAY DR
COCOA BCH FL 32831

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LANG, JOSEPH W. 61 W BAY DR COCOA BCH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JOSEPH W.	1.2 NAME	
STREET ADDRESS	61 W BAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VSD LANG, SUSAN P. 61 W BAY DR COCOA BCH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, SUSAN P.	2.2 NAME	
STREET ADDRESS	61 W BAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL	2.4 CITY-ST-ZIP	
TITLE	V CARSWELL, HARRY D 2235 N COURTENAY PKWY MERRITT ISLAND FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSWELL, HARRY D	3.2 NAME	
STREET ADDRESS	2235 N COURTENAY PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	V LANG, JOSEPH M 280 QUAIL DR MERRITT ISLAND FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JOSEPH M	4.2 NAME	
STREET ADDRESS	280 QUAIL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	V MARSHALL, JAMES C JR 2160 REYNARD PLACE MERRITT ISL. FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, JAMES C JR	5.2 NAME	
STREET ADDRESS	2160 REYNARD PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISL. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: Joseph W. Lang JOSEPH W. LANG 4-15-97 (407) 868-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)