

FILED
May 11, 2000 8:00 am
Secretary of State

C0088246



DO NOT WRITE IN THIS SPACE

DOCUMENT # J46570

1. Entity Name
LAGS EQUIPMENT, INC.

Principal Place of Business
4411 CLEVELAND AVENUE
FORT MYERS FL 33901

Mailing Address
4411 CLEVELAND AVENUE
FORT MYERS FL 33901-9011

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number
59-2743739

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAGESCHULTE, DAVID
2644 SHRIVER DR.
FT. MYERS FL 33901

7. Name and Address of New Registered Agent
Name
RICHARD J. SIMEONE
Street Address (P.O. Box Number is Not Acceptable)
436 S. ANDREWS AVE
City
FT LAUDFLZip Code
33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.
RICHARD SIMEONE
(NOTE: Registered Agent signature required when reinstating)
4/11/00
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-26-00
941 275 6339
Date
Daytime Phone #