

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

LAUREL OAK LODGE

Principal Place of Business

Mailing Address

5423 40th Ave. N
ST. PETERSBURG, FL.
33709

2. Principal Place of Business

2a. Mailing Address

21. SAME

26. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

SHIRLEY J. McHILLAN
5423 40th Ave. N
St. Petersburg, FL 33709

3. Date Incorporated or Qualified

3a. Date of Last Report

4/1/87

3/17/95

4. FEI Number

592780797

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

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 Registered Agent (if not the same as the corporation's)

(Note: Registered Agent's signature must be filed with this statement.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	SHIRLEY McHILLAN	
STREET ADDRESS	5423 40th Ave. N	
CITY-STATE-ZIP	ST. PETE, FL. 33709	
TITLE	VICE-PRESIDENT	☐ DELETE
NAME	KARRY McHILLAN	
STREET ADDRESS	5725 46th Ave. N	
CITY-STATE-ZIP	ST. PETE, FL. 33709	
TITLE	SECRETARY	☒ DELETE
NAME	MARK T. KERNS	
STREET ADDRESS	4853 S. ARDEN TERRACE	
CITY-STATE-ZIP	INVERNESS, FL. 34452	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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6-21-96
JP

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 this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY J. McHILLAN 6/15/96 813-321-4070

CR2E034 (3/96)