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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90066 018 ***150.00

1. Corporation	I Name LDING LAUREL CORPORATION	ON		
Principal Place 1743 INDEPEND SUITE D	ENCE BLVD	Mailing Address 1734 INDEPENDENCE BLVD SUITE DA		DO NOT WRITE IN THIS SPACE
SARASOTA FLY	34234	SARASÓTA PL 34234 US		3. Date Incorporated or Qualifed 04/27/1987
2. Principal Pl	ace of Business Lewis Ave	2a. Mailing Address 26 Same	as Place	4. FEI Number Applied For
Suite, Apt. :		Suite, Apt. #, etc		5 Certificate of Status Desired
City & State	asita FL	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24 342		Zip 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
WILSON, ROGER F. 1923 WOOD HOLLOW LN SARASOTA FL 34235				et Address (P.O. Box Number is Not Acceptable)
SAH	45UTA FL 34235		83 84 City	FL 85 Zip Code
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation of the state of registered agent of the state of the st	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered Colored Post Colored Transatures Proportion of the purpose of changing its registered appointment as registered Post Colored Transatures Applitions/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Owner/Pres Addition
NAME	WILSON, ROGER F.		1.2 NAME	Wilson, Roger F.
STREET ADDRESS CITY-ST-ZIP	1743 INDEPENDENCE BLVD. D- SARASOTA FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Sava sota FL 34237
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS		* **	2.3 STREET ADDRESS	S .
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME .			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	ss
CITY-ST-ZIP		•	3.4. CITY-ST-ZIP	·
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	ıs (
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	·
STREET ADDRESS			5.3 STREET ADDRESS	SS .
CITY+ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
TITLE		□ DELETE	= 0.1 DEE	I I Change I Addition

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE