

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90079 012 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K08439

1. Corporation Name
LARSON & LARSON, P.A.



Principal Place of Business
~~% HERBERT W. LARSON~~
~~7381 114TH AVE. NO. SUITE 406~~
~~LARGO FL 33773~~
 US

Mailing Address
~~% HERBERT W. LARSON~~
~~7381 114TH AVE. NO. SUITE 406~~
~~LARGO FL 34643~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **11199-69th St. N.**
 Suite, Apt. #, etc.
 22

2a. Mailing Address
 26 **11199-69th St. N.**
 Suite, Apt. #, etc.
 27

23 **LARGO, FL**
 City & State
33773 **USA**
 Zip Country
 24 25

28 **LARGO, FL**
 City & State
33773 **USA**
 Zip Country
 29 30

3. Date Incorporated or Qualified
12/22/1987

4. FEI Number
59-2861021
 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
LARSON, HERBERT W.
~~7381 114TH AVE. NO. SUITE 406~~ **11199 69th St. N.**
LARGO FL 33773

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)
11199-69th St. N.

83

84 City **LARGO** FL 85 Zip Code **33773**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP LARSON, HERBERT W.	1.2 NAME	
STREET ADDRESS	7381 114TH AVE. NO. SUITE 406 LARGO FL	1.3 STREET ADDRESS	11199-69th St. N.
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO, FL-33773
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S LARSON JR., H. WILLIAM	2.2 NAME	
STREET ADDRESS	7381 114TH AVE. NO. SUITE 406 LARGO FL	2.3 STREET ADDRESS	11199-69th St. N.
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	LARGO, FL-33773
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T LARSON, JAMES E	3.2 NAME	
STREET ADDRESS	7381 114TH AVE. NO. SUITE 406 LARGO FL	3.3 STREET ADDRESS	11199-69th St. N.
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	LARGO, FL, 33773
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: _____ DATE: **1-5-99** DAYTIME PHONE #: **727-546-0660**

CR2E034 (1/198)