

~~FILE NOW WITH FILING FEE PARTIAL YEAR REPORTS \$150.00~~

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25

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



FILED
99 JUL 12 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K08439
1. Corporation Name
Larson & Larson, P.A.

Principal Place of Business Mailing Address
11199 69th Street North
Largo, FL 33773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 11199 69th St N. 26 same
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State Largo, FL, USA 28 City & State
24 Zip 33773 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
4. FEI Number 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
H. William Larson, Sr
11199 69th Street North
Largo, FL 33773

10. Name and Address of New Registered Agent
81 Name H. William Larson, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 11199 69th Street 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 *[Signature]* DATE 6-29-99

12. OFFICERS AND DIRECTORS

TITLE	Herbert W. Larson, Sr	<input checked="" type="checkbox"/> DELETE
NAME	Herbert W. Larson, Sr	
STREET ADDRESS	president + director	
CITY-ST-ZIP	11199 69th St N	<input type="checkbox"/> DELETE
TITLE	Largo FL 33773	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President + Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	James E. Larson	
13 STREET ADDRESS	11199 69th St N Largo FL 33773	
14 CITY-ST-ZIP		
21 TITLE	V.P. + Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	H. William Larson	
23 STREET ADDRESS	11199 69th St N Largo FL 33773	
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	500002903855--6	
44 CITY-ST-ZIP	-06/14/99--01120--014	
51 TITLE	****35.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	LFS 7-13-99	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	500002903855--6	
64 CITY-ST-ZIP	-07/14/99--01002--029	

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: *[Signature]* DATE 6-29-99 DAYTIME PHONE # 727-546-0660

CR2E034 (1/98)