MARKAN ANDRON KENKAN EK ERRE AVELLENI MARKE ROCK EKKE EFFARK F

AMENDED PROFIT FLORIDA DEPARTME	NT OF, STATE
CORPORATION Katherine H	
ANNUAL REPORT Secretary of S	FILED
1999 \$61.25 DIVISION OF CORP	ORATIONS
DOCUMENT# KO8439	99 JUL 12 PH 12: 09
1. Corporation Name	SECRETARY OF STATE
Larson & Larson, P.A.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address	
1	
11199 69th Street North	
l .	DO NOT WRITE IN THIS SPACE
Largo, FL 33773	3. Date Incorporated or Qualifed
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 11199 69th St N. 26 30me	4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional
22 27	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 Larso 12, US/T 28	Trust Fund Contribution Added to Fees
	8. This corporation owes the current year Intangible
24 3 7 1 3 25 29 30 9. Name and Address of Current Registered Agent	Personal Property Tax. Yes No
s. Name and Address of Content Registered Agent	10. Name and Address of New Registered Agent
H. William Larson, Sr. 1,	I William Larson, Jr.
mag ham street North	82 Street Address (P.O. Box Number is Not Acceptable)
11191 0441 211-00	83
Largo, PC 33773	
5 /	84 City Larso & 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 above the corporation's board of directors. I hereby accept the appointment as registered atutes.
office or registered agent, or both, in the State of Florida. Such change was authors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S	ted by the corporation's board of directors. I hereby accept the appointment as registered latutes.
	10-19-50
SIGNATURE TO A MY TO TO THE STATE OF THE STA	2711
Storage / Input of planted partie of registered about and title if applicable (NOTE: Registe	red Agent signature required when reinstaling) DATE DATE DATE DESCRIPTION OF THE PROPERTY
12. OFFICERS AND DIRECTORS 1	red Agent signature required when reinstailing) 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS 1 TITLE HE Check 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	red Agent signature required when reinstating) 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE President + Oirector Schange Addition
12. OFFICERS AND DIRECTORS 1 TITLE NAME Herbert W. Larson, S. DELETE 1.	red Agent signature required when reinstating) 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRAME NAME STREET ADDRESS AMOUNT OF THE PROPERTY OF THE PROPERT
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