FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K98234** **(3)**

1. Corporation Name

LAVERACK & SON, INC.

Principal Place of Business	Mailing Address
C/O WARREN E. LAVERACK 5030 SHELLEY COURT ORLANDO FL 32807	C/O WARREN E. LAVERACK 5030 SHELLEY COURT ORLANDO FL 32807

3. Date Incorporated or Qualified: **06/26/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 12539 NICOLETTE COURT	26 12539 NICOLETTE COURT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CLERMONT, FL	City & State 28 CLERMONT, FL
Zip 24 34771 Country 25 USA	Zip 29 34771 Country 30 USA

4. FEI Number **59-2968081** ☐ 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

9. Name and Address of Current Registered Agent

LAVERACK, WARREN E.
5030 SHELLEY COURT
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 12539 NICOLETTE COURT
83
84 City CLERMONT FL 85 Zip Code 34711

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

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LAVERACK, WARREN E.	
STREET ADDRESS	5030 SHELLEY CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DST	☐ DELETE
NAME	LAVERACK, MYRL W.	
STREET ADDRESS	5030 SHELLY CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	☐ DELETE
NAME	LAVERACK, GREGORY E.	
STREET ADDRESS	5168 BARCELONA ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	12539 NICOLETTE COURT	
1.4 CITY-ST-ZIP	CLERMONT, FL 34711	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	12539 NICOLETTE COURT	
2.4 CITY-ST-ZIP	CLERMONT, FL 34711	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/1/96 (352)242-4865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #