

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K98234

(3)

1. Corporation Name

LAVERACK &amp; SON, INC.



Principal Place of Business

12539 NICOLETTE COURT  
5030 SHELLEY COURT  
CLERMONT FL 34771  
US

Mailing Address

12539 NICOLETTE CT.  
5030 SHELLEY COURT  
CLERMONT FL 34711-8586  
US

3. Date Incorporated or Qualified

06/26/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

4. FEI Number

59-2968081

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVERACK, WARREN E.  
12539 NICOLETTE CT  
CLERMONT FL 34711

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETENAME LAVERACK, WARREN E.  
STREET ADDRESS 12539 NICOLETTE COURT  
CITY-ST-ZIP CLERMONT FL1.1 TITLE ☐ Change ☐ AdditionTITLE DST ☐ DELETENAME LAVERACK, MYRL W.  
STREET ADDRESS 12539 NICOLETTE COURT  
CITY-ST-ZIP CLERMONT FL1.2 NAME ☐ Change ☐ AdditionTITLE DV ☐ DELETENAME LAVERACK, GREGORY E.  
STREET ADDRESS 5168 BARCELONA ST.  
CITY-ST-ZIP ORLANDO FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.5 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.6 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

W. E. Laverack President 3/11/97 352/242-4865

Date

Daytime Phone #

CR2E034 (9/96)