

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 JUL 21 PM 12: 25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L24668

(0)

1. Corporation Name

LARSON REALTY, INC.

Principal Place of Business

Mailing Address

**20691 W. PENN AVE.
204 WEST PENNSYLVANIA AVE.
DUNNELLON FL 34431
US**

**20691 W. PENN AVE.
204 WEST PENNSYLVANIA AVE.
DUNNELLON FL 34431
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/20/1989

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2973182

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**

6. The corporation has liability for intangible tax under s. 199.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 20691 W. Penn Ave

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Dunnellon FL

28

24 City

25 County

29 Zip

30 Country

24 34431

25 Marion

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARSON, VIRGINIA L
20691 W. PENNSYLVANIA AVE.
DUNNELLON FL 34431**

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 agent only.

(If not Registered Agent, signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LARSON, VIRGINIA L.
STREET ADDRESS	20691 W. PENNSYLVANIA AVE.
CITY ST ZIP	DUNNELLON FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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(h)(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 and Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Virginia L. Larson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/95

Date

Signature (Print)