

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PM 2:40

DOCUMENT # L70621 (2)

1. Corporation Name

LRM SERVICES, INC.

Principal Place of Business

Mailing Address

**%LARRY R. MORPHIS
8565 TAMARA CT
BONITA SPRINGS FL 33923**

**%LARRY R. MORPHIS
8565 TAMARA CT
BONITA SPRINGS FL 33923**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1990

3a. Date of Last Report

02/03/1994

4. FEI Number

65-0188146

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

25. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**MORPHIS, LARRY R.
8565 TAMARA CT
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

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

Registered Agent or President (Agent or President must sign and type name)

12. (Agent or President must sign and type name)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PTD
MORPHIS, LARRY R.
8565 TAMARA CT
BONITA SPRINGS FL**

12.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VSD
MORPHIS, DORIS D.
8565 TAMARA CT
BONITA SPRINGS FL**

12.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked and is true and correct 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 a person 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 attached sheet with an address.

SIGNATURE:

LARRY MORPHIS

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

PREES

4/13/95

813-495-3047