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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name L70621

(2)

LRM SERVICES, INC. Principal Place of Business Mailing Address %LARRY R. MORPHIS %LARRY R. MORPHIS 10347 WILD TURKEY 10347 WILD TURKEY BONITA SPRINGS FL 34135 DO NOT WRITE IN THIS SPACE BONITA SPRINGS FL 33923 3. Date Incorporated or Qualified 05/02/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0188146 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ... No. _ ☐ No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MORPHIS, LARRY R. 10347 WILD TURKEY Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 33923** 83 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 reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME MORPHIS, LARRY R. 12 NAME 10347 WILD TURKEY STREET ADORESS 1.3 STREET ADORESS **BONITA SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE MORPHIS, DORIS D. NAME 2.2 NAME 10347 WILD TURKEY STREET ADDRESS 2.3 STREET ADDRESS BONITA SPRINGS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TIDE 5.1 TITLE Change Addition | NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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 another 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 certifyer or truese 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, it on an attachment with so Address.

SIGNATURE:

941-495-3047

FILED

Jan 27 1998 8:00am

Secretary of State