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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 4691 LAUREL OAK LANE NE

ST PETERSBURG FL 39714

Suite, Apt. #, etc.

2. Principal Place of Business

US

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FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

04/17/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

05/23/1990

59-3022708

4. FEI Number

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L74999

(8)

4691 LAUREL OAK LANE. NE

ST. PETERSBURG FL 33703-3132

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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LARSON COMMUNITIES-PLACIDO BAYOU. INC.

Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, 33703 Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LARSON, WALTER ARSON WALTER 4691 LAUREL OAK LANE NE 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33744 83 ST. PETERSBUR C Zip Code 84 12 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered rations of Section 607.0505. Florida Statutes. 11. Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the Stat agent I am familiar with, and accept the obli SIGNATURE Signature, typed nit plactics can elect registered agent and title if approable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6)Change Addition DELETE THUE 1 1 TITLE Larson, Jeffrey NAME 12 NAME 4691 LAUREL OAK LANE NE 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CHIY-ST-7# 1.4 City - St - ZiP DELETE Change Addition THE 21 TITLE LARSON, WALTER NAME 2.2 NAME 4691 LAUREL OAK LANE NE 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 2. 4 CITY - ST - ZIP C(1 (- S1 - 2)) DELETE Change Addition 3.1 TITLE THE NaM 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CHY-\$T-ZIP OTY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP C-TY - S1 - ZIP Addition DELETE 5.1 THLE THEE 5.2 NAME NAMS 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C(1) - S1 - 7(P) DELETE Change Addition TITLE 6.1 TATLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP 14. I do hereby certly 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 supplicational 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 directly of the corporation or the logic verior 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 or 813-526-5155 SIGNATURE: