

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

PROFIT  
CORPORATION,  
ANNUAL REPORT  
1996



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

DOCUMENT # L82666 (3)

1. Corporation Name

LACY PRATT & ASSOCIATES, INC.



Principal Place of Business

6845 PEMBROKE ROAD  
HOLLYWOOD FL 33023

Mailing Address

6845 PEMBROKE ROAD  
HOLLYWOOD FL 33023

3. Date Incorporated or Qualified

06/25/1990

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 2400 CHELSEA STREET

26 2400 CHELSEA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 90 LACY PRATT

27 90 LACY PRATT

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32803-2124 25 U.S.A.

29 32803-2124 30 U.S.A.

4. FEI Number

65-0196324

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

9. Name and Address of Current Registered Agent

PRATT, KEVIN  
6845 PEMBROKE ROAD  
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name

LACY PRATT

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

2400 CHELSEA STREET

83

84 City

ORLANDO

FL

85 Zip Code

32803-2124

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, to file if not a corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | DP               | <input type="checkbox"/> DELETE |
| NAME           | PRATT, KEVIN     |                                 |
| STREET ADDRESS | 2400 CHELSEA ST. |                                 |
| CITY-ST-ZIP    | ORLANDO FL       |                                 |
| TITLE          | DST              | <input type="checkbox"/> DELETE |
| NAME           | PRATT, KAREN     |                                 |
| STREET ADDRESS | 2400 CHELSEA ST. |                                 |
| CITY-ST-ZIP    | ORLANDO FL       |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |  |
|--------------------|-------------------------------|--|
| 1.1 TITLE          | DP                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | PRATT, KEVIN                  |  |
| 1.3 STREET ADDRESS | 10623 SOUTH STREET            |  |
| 1.4 CITY-ST-ZIP    | GARRETTVILLE, OHIO 44251-1108 |  |
| 2.1 TITLE          | DS                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | PILCHER, KAREN                |  |
| 2.3 STREET ADDRESS | 2400 CHELSEA STREET           |  |
| 2.4 CITY-ST-ZIP    | ORLANDO FL 32803-2124         |  |
| 3.1 TITLE          | DT                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           | LACY PRATT                    |  |
| 3.3 STREET ADDRESS | 2400 CHELSEA STREET           |  |
| 3.4 CITY-ST-ZIP    | ORLANDO FL 32803-2124         |  |
| 4.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                               |  |
| 4.3 STREET ADDRESS |                               |  |
| 4.4 CITY-ST-ZIP    |                               |  |
| 5.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | 600001840186                  |  |
| 5.3 STREET ADDRESS | -05/28/96--01020--012         |  |
| 5.4 CITY-ST-ZIP    | ***200.00                     |  |
| 6.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                               |  |
| 6.3 STREET ADDRESS |                               |  |
| 6.4 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(3)(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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4/16/96

(407)898-7000

CR2E034 (12/95)