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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 1:37

DOCUMENT # L87679 (1)

1. Corporation Name
LAR-MEL, INC.

Principal Place of Business	Mailing Address
8001 N. DALE MABRY HIGHWAY, SUITE 501-E TAMPA FL 33614	8001 N. DALE MABRY HIGHWAY, SUITE 501-E TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1990
3a. Date of Last Report: 09/26/1994

2. Principal Place of Business
21 16651 VALLELY DR.
Suite, Apt. #, etc. 22
City & State 23 TAMPA, FL
Zip 24 33618 Country 25 U.S.A.

2a. Mailing Address
26 16651 VALLELY DR.
Suite, Apt. #, etc. 27
City & State 28 TAMPA, FL
Zip 29 33618 Country 30 U.S.A.

4. FEI Number: 59-3022774 ☐ 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

SMITH, MELODIE S
8001 N. DALE MABRY HIGHWAY, SUITE 501-E
TAMPA FL 33614

10. Name and Address of New Registered Agent

91 Name: MELODIE S. SMITH
92 Street Address (P.O. Box Number is Not Acceptable): 16651 VALLELY DRIVE
93
94 City: TAMPA, 95 FL Zip Code: 33618

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: Melodie S. Smith MELODIE S. SMITH, PVST D
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	11 TITLE		☒ Change ☐ Addition
NAME	SMITH, MELODIE S	12 NAME		
STREET ADDRESS	8001 N. DALE MABRY HIGHWAY, SUITE 501-E	13 STREET ADDRESS	16651 VALLELY DRIVE	
CITY-ST-ZIP	TAMPA FL 33614	14 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	SMITH, MELODIE S	22 NAME		
STREET ADDRESS	8001 N. DALE MABRY HIGHWAY, SUITE 501-E	23 STREET ADDRESS	16651 VALLELY DRIVE	
CITY-ST-ZIP	TAMPA FL 33614	24 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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(3)(i), 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: Melodie S. Smith MELODIE S. SMITH 3-22-95 (813)963-6694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0206512 CP