FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96032 (1)

1. Corporation Name

LASETER ENGINEERING & CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1020 E JEFFERSON ST BROOKSVILLE FL 34601 US	1020 E JEFFERSON ST BROOKSVILLE FL 34601 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1968
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2976070	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

LASETER, BOBBY R.
1020 E JEFFERSON ST
10010 DOMINGOI DRIVE
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name

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

83 10047 Domingo Drive.

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	LASETER, BOBBY R.	1.2 NAME		
STREET ADDRESS	10010 DOMINGO DR.	1.3 STREET ADDRESS	10047 Domingo Dr.	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	LASETER, BOBBIE JO	2.2 NAME		
STREET ADDRESS	10010 DOMINGO DRIVE	2.3 STREET ADDRESS	10047 Domingo Dr.	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP		
TITLE	VSTD	3.1 TITLE		☐ Change ☐ Addition
NAME	LASETER, LOIS ANNE	3.2 NAME		
STREET ADDRESS	308 ALPINE CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Bobby R Laseter 4/14/95 904-799-5914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0964980 CP