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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M96032 (1)  
1. Corporation Name  
LASETER ENGINEERING & CONSTRUCTION, INC.

Principal Place of Business  
1020 E JEFFERSON ST  
BROOKSVILLE FL 34801  
US

Mailing Address  
1020 E JEFFERSON ST  
BROOKSVILLE FL 34801-3428  
US



3. Date Incorporated or Qualified 08/26/1988  
3a. Date of Last Report 04/11/1996

4. FEI Number 59-2976070  
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

2. Principal Place of Business

21. City & State

22. Zip

23. Country

24. Name and Address of Current Registered Agent

25. City & State

26. Zip

27. Country

28. Name and Address of New Registered Agent

29. City & State

30. Zip

31. Country

32. Name

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

34. City

35. Zip Code

36. FL

37. Signature

38. DATE

39. SIGNATURE

40. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41. DATE

42. DAYTIME PHONE #

43. SIGNATURE

44. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

45. DATE

46. DAYTIME PHONE #

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: (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LASETER, BOBBY R.  
STREET ADDRESS 10047 DOMINGO DRIVE  
CITY-ST-ZIP BROOKSVILLE FL

TITLE ~~PD~~  
NAME LASETER, BOBBIE JO  
STREET ADDRESS 10047 DOMINGO DRIVE  
CITY-ST-ZIP BROOKSVILLE FL

TITLE VSTD  
NAME LASETER, LOIS ANNE  
STREET ADDRESS 308 ALPINE CIRCLE  
CITY-ST-ZIP BROOKSVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do 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 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: Lois Anne Laseter LOIS ANNE LASETER 1-10-97 352-799-5994

CR2E034 (9/96)