

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90035 050 ***150.00

DOCUMENT # **M96032**

1. Corporation Name

LASETER ENGINEERING & CONSTRUCTION, INC.

Principal Place of Business

**1020 E JEFFERSON ST
BROOKSVILLE FL 34601
US**

Mailing Address

**1020 E JEFFERSON ST
BROOKSVILLE FL 34601
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1988

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**LASETER, BOBBY R.
1020 E JEFFERSON ST
10047 DOMINGO DRIVE
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name

Laseter, Lois Anne

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

1020 E. Jefferson St.

83

24228 Balmoral Lane

84 City

Brooksville

FL

85 Zip Code

34601

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

Lois Anne Laseter
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **01-05-99**

12. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ DELETE
NAME **LASETER, BOBBIE JO**
STREET ADDRESS **10047 DOMINGO DRIVE**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **VSTD** ☐ DELETE
NAME **LASETER, LOIS ANNE**
STREET ADDRESS **24228 BALMORAL LANE**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PSTD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Lois Anne Laseter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-99 352/799-5994

Date

Daytime Phone #

CR2E034 (11/98)

0491629