

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000005350 (2)**

1. Corporation Name

**LFST, INC.**

Principal Place of Business

**1549 DAVID PLACE  
ENGLEWOOD FL 34223**

Mailing Address

**1549 DAVID PLACE  
ENGLEWOOD FL 34223**



3. Date Incorporated or Qualified  
**11/09/1995**

3a. Date of Last Report

**11/9**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BATSEL, C. GUY  
1861 PLACIDA ROAD, STE. 204  
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **CLAUDE, CINDY**  
STREET ADDRESS **7359 LIGHTHOUSE STREET**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☐ DELETE  
NAME **WALTER, CINDY**  
STREET ADDRESS **6056 SWISS BLVD.**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **D** ☐ DELETE  
NAME **LYON, CATHY**  
STREET ADDRESS **2401 VANCE TERRACE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **D** ☐ DELETE  
NAME **GOBBETT, ROXANNE**  
STREET ADDRESS **904 STELLING AVE.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **D** ☐ DELETE  
NAME **SKAGGS, JUDY**  
STREET ADDRESS **1640 FAUST DR.**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ DELETE  
NAME **LOCK, FRANK**  
STREET ADDRESS **1549 DAVID PLACE**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Cindy Claude*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-96**

**941697-4190**

Date

Daytime Phone #

CR2E037 (12/95)