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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:44

DOCUMENT # P16708 (0)

1. Corporation Name

L.A.A.P. INVESTMENT CO.

Principal Place of Business	Mailing Address
612 CITIZENS BUILDING P.O. BOX 727 ABERDEEN SD 57402-0727	612 CITIZENS BUILDING P.O. BOX 727 ABERDEEN SD 57402-0727

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 11/05/1987
3a. Date of Last Report: 02/23/1994
4. FEI Number: 46-0382332 ☐ 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

WILKINSON, BEN
3375-A CAPITAL CIRCLE
TALLAHASSEE FL 32317

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 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: ______ (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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, GERLAD A.	1.2 NAME	
STREET ADDRESS	1414 NORTH 3RD	1.3 STREET ADDRESS	
CITY ST ZIP	ABERDEEN SD	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HELGELIEN, CLARE G.	2.2 NAME	
STREET ADDRESS	1579 LOKIA STREET	2.3 STREET ADDRESS	
CITY ST ZIP	LAHAINA MAUI HI	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	GROSS, L.H.	3.2 NAME	
STREET ADDRESS	12571A CORLISS NORTH	3.3 STREET ADDRESS	
CITY ST ZIP	SEATTLE WA	3.4 CITY ST ZIP	
TITLE	AST	4.1 TITLE	☐ Change ☐ Addition
NAME	GILCHRIST, JAN	4.2 NAME	
STREET ADDRESS	LOCAL	4.3 STREET ADDRESS	
CITY ST ZIP	COLUMBIA SD	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GILCHRIST, JAN	5.2 NAME	
STREET ADDRESS	LOCAL	5.3 STREET ADDRESS	
CITY ST ZIP	COLUMBIA SD	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(1)(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: [signature] Gerald A. Nichols, Pres. 1-10-95 (605) 226-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480526 FN