

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90049 022 ***150.00

DOCUMENT # P30354

1. Entity Name -

LAR-STOCK, INC.

Principal Place of Business

Mailing Address

202 N COURT ST
 FLORENCE AL 35630

P O BOX 1426
 FLORENCE AL 35630
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-1024659**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	LARDIE, BILL	
STREET ADDRESS	RTE 8, BOX 38-11	
CITY-ST-ZIP	AMARILLO TX	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STOCKARD, FRANK	
STREET ADDRESS	6016 BROOKVALE LN.	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, CYNTHIA W.	
STREET ADDRESS	202 NORTH COURT STREET	
CITY-ST-ZIP	FLORENCE AL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABROMS, MARTIN R.	
STREET ADDRESS	202 N. COURT ST.	
CITY-ST-ZIP	FLORENCE AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JOEL R.	
STREET ADDRESS	202 N. COURT ST.	
CITY-ST-ZIP	FLORENCE AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, CHARLES C., JR	
STREET ADDRESS	6016 BROOKVALE LN.	
CITY-ST-ZIP	KNOXVILLE TN	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Watson	
STREET ADDRESS	2541 Westcott Blvd.	
CITY-ST-ZIP	Knoxville, TN	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia W. Clark, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Cynthia W. Clark, Secretary

3/16/01

Date

Daytime Phone #

CR2E034 (10/00)