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Jan 23 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 # P37301

(9)

1. Corporation Name
LARRY LATHAM AUCTIONEERS, INC.



Principal Place of Business

8650 JAFFA CT. W DR
#23
INDIANAPOLIS IN 46260
US

Mailing Address

8650 JAFFA CT.. W. DR
#23
INDIANAPOLIS IN 46260-5336
US

2. Principal Place of Business

21 11091 Crooked St. Ln.
Suite, Apt. #, etc.

2a. Mailing Address

26 11091 Crooked Stick LN
Suite, Apt. #, etc.

23 Carmel, In 46032

Zip Country

24 46032

25 Hamilton

City & State

28 Carmel, IN

Zip

29 46032

Country

30 Hamilton

3. Date Incorporated or Qualified

01/27/1992

3a. Date of Last Report

02/09/1996

4. FEI Number

54-1577715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

YETTER, DONALD W.
1402 THIRD AVE W
BRADENTON FL 34205

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 type for printed name of registered agent and the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME LATHAM, LARRY
STREET ADDRESS 10897 N 78TH STREET
CITY- ST- ZIP SCOTTSDALE AZ

TITLE DVC ☐ DELETE

NAME STEARMAN, C. WILLIAM
STREET ADDRESS 8650 JAFFA CT, W DR #23
CITY- ST- ZIP INDIANAPOLIS IN

TITLE P ☐ DELETE

NAME STEARMAN, C. WILLIAM
STREET ADDRESS 8650 JAFFA CT, W. DR #23
CITY- ST- ZIP INDIANAPOLIS IN

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 ☐ 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 11091 Crooked Stick Lane
2.4 CITY- ST- ZIP Carmel, IN 46032

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 11091 Crooked Stick Lane
3.4 CITY- ST- ZIP Carmel, IN 46032

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 317 844 4270

Date

Daytime Phone

0478394

CR2E034 (9/96)