

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Myrland Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # P92000002348 (0)

1. Corporation Name

LAURIE INVESTMENT CORPORATION

Principal Place of Business P.O. BOX 1384 BRADENTON FL 34206-1384	Mailing Address P.O. BOX 1384 BRADENTON FL 34206-1384
---	---

**APPROVED
AND
FILED**

95 MAY -1 AM 8:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/30/1992	3a. Date of Last Report 03/21/1994
4. FEI Number 65-0369164	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. P.O. Box 580201 City & State ORLANDO, FLORIDA Zip 32858-0201	2a. Mailing Address 26 Suite, Apt. #, etc. P.O. Box 580201 City & State ORLANDO, FLORIDA Zip 32858-0201
---	--

9. Name and Address of Current Registered Agent

**LAURIE, JOHN C
4404 14TH AVENUE EAST
BRADENTON FL 34208**

10. Name and Address of New Registered Agent

81 Name LAURIE, MARK G.
82 Street Address (P.O. Box Number is Not Acceptable) COMFORT INN WEST
83 3956 WEST COLONIAL DRIVE
84 City ORLANDO
85 Zip Code FL 32808

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

Mark G. Laurie

Mark G. Laurie, President 4/21/95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPST	NAME LAURIE, JOHN C
STREET ADDRESS 4404 14TH AVENUE EAST	
CITY - ST - ZIP BRADENTON FL	

TITLE VD	NAME LAURIE, PATRICIA S
STREET ADDRESS 2115 9TH AVE. W. APT. 2A	
CITY - ST - ZIP BRADENTON FL	

TITLE VD	NAME LAURIE, MARK G
STREET ADDRESS RT. 2 BOX 65-G	
CITY - ST - ZIP WILDWOOD FL	

TITLE VD	NAME KOUSSEFF, BORIS G
STREET ADDRESS 14404 BURGUNDY SQUARE	
CITY - ST - ZIP TAMPA FL	

TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C7P/S/T	☒ Change ☐ Addition
1.2 NAME LAURIE, MARK G.	
1.3 STREET ADDRESS 3956 West Colonial Drive	
1.4 CITY - ST - ZIP Orlando, FL 32808	☒ Change ☐ Addition

2.1 TITLE V/D	
2.2 NAME LAURIE, PATRICIA S.	
2.3 STREET ADDRESS 15210 Amberly Dr., #1634	
2.4 CITY - ST - ZIP Tampa, FL 33647	☒ Change ☐ Addition

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS Delete (See 1. above)	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark G. Laurie* MARK G. LAURIE 4/21/95 (407) 291-1452