FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 10 AM 9:07

DOCUMENT # **P92000010054 (4)**

1. Corporation Name
LAFAYETTE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
540 HARBOR POINT RD LONGBOAT KEY FL 34228	540 HARBOR POINT RD LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21: 595 BAY Isles RD
Suite, Apt. #, etc.
22: STE #120
City & State
23: Long Boat Key, FL.
Zip
24: 34228
Country
25: USA

2a. Mailing Address
26: 595 BAYIsles RD
Suite, Apt. #, etc.
27: STE #120
City & State
28: Long Boat Key FL.
Zip
29: 34228
Country
30: USA

4. FEI Number: 65-0374819 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EBIN, JOHN P
540 HARBOR POINT RD
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name: JOHN P. EBINI
82 Street Address (P.O. Box Number is Not Acceptable): 595 BAYISLES RD
83: STE #120
84 City: Long Boat Key FL 85 Zip Code: 34228

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: JOHN P EBINI 1-10-95
Signature, typed or printed name of registered agent and date of same (NOTE: Registered Agent signature required where indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	11 Title	☐ Change ☐ Addition
NAME	EBIN, JOHN P	12 NAME	
STREET ADDRESS	540 HARBOR POINT RD	13 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	14 CITY-ST-ZIP	
TITLE	TD	21 Title	☐ Change ☐ Addition
NAME	EBIN, EILEEN M	22 NAME	
STREET ADDRESS	540 HARBOR PT. RD.	23 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP	
TITLE	V	31 Title	☐ Change ☐ Addition
NAME	POEHLER, JOSEPH G	32 NAME	
STREET ADDRESS	BOX 124	33 STREET ADDRESS	
CITY-ST-ZIP	WATERVILLE M	34 CITY-ST-ZIP	
TITLE		41 Title	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 Title	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 Title	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is effectively furnished and 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 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 added to the report.

SIGNATURE: JOHN P. EBINI 1-10-95 813-383-2440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
President

0340031 CP