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Jan 29 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 # **P92000010054 (4)**

1. Corporation Name
LAFAYETTE DEVELOPMENT CORPORATION

Principal Place of Business
595 BAY ISLES RD
STE #120
LONGBOAT KEY FL 34228
US

Mailing Address
595 BAY ISLES RD
STE #120
LONGBOAT KEY FL 34228-3102
US

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business — 21
Suite Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite Apt. # etc — 27
City & State — 28
Zip — 29 Country — 30

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
EBIN, JOHN P
595 BAY ISLES RD
STE #120
LONGBOAT KEY FL 34228

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: JOHN P. EBIN — 1-17-97
Signature, typed or printed name of Registered Agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS	☐ DELETE
NAME	EBIN, JOHN P.	
STREET ADDRESS	595 BAY ISLES RD, STE #120	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	☐ DELETE
NAME	EBIN, EILEEN M	
STREET ADDRESS	595 BAY ISLES RD, STE #120	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	V	☐ DELETE
NAME	POEHLER, JOSEPH G	
STREET ADDRESS	BOX 124	
CITY-ST-ZIP	WATERVILLE M	
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	34228	
2.1 TITLE	VTD	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	34228	
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	MN. 56096	
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		

CR2E034 (9/96)

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 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: JOHN P. EBIN — 1-17-97 — 941.383-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

042265