

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000417 (4)

1. Corporation Name

LARWOOD ENTERPRISES, INC.

Principal Place of Business

4715 CORONADO PARKWAY
CAPE CORAL FL 33904
US

Mailing Address

1123 NE 10TH LANE
CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1993

3a. Date of Last Report

04/08/1994

4. FEI Number

65-0377067

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 4709 CORONADO PKWY

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

CAPE CORAL FL

28 City & State

29

24 Zip

33904

25 Country

LEE

29 Zip

30

Country

9. Name and Address of Current Registered Agent

MOBERLY, LARRY E
1123 N.E. 10TH LANE
CAPE CORAL FL 33909

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) Signature printed name of registered agent and title of corporation

(PRINT) Registered Agent signature required when mandating

DATE

12. OFFICERS AND DIRECTORS

11 TITLE D
12 NAME MOBERLY, LARRY E
13 STREET ADDRESS 1123 N.E. 10TH LANE
14 CITY ST ZIP CAPE CORAL FL 33909

15 TITLE D
16 NAME MOBERLY, MARY J
17 STREET ADDRESS 1123 N.E. 10TH LANE
18 CITY ST ZIP CAPE CORAL FL

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

LARRY E. MOBERLY PRES.

4.14.95 (F13) 945-3400

Date

Telephone Number