

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000001604 (6)

1. Corporation Name

M. G. LARSEN & ASSOCIATES, INC.



Principal Place of Business

5845 MAIN ST.
NEW PORT RICHEY FL 34652

Mailing Address

5845 MAIN ST.
NEW PORT RICHEY FL 34652

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

25

30

9. Name and Address of Current Registered Agent

LARSEN, MARTIN G
5845 MAIN ST.
NEW PORT RICHEY FL 34652

81 Name

82 Street Address, P.O. Box Number, if Acceptable

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(4), Florida Statutes, the above named corporation subscribes 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. Thereby, except the appointment of a registered agent, I am familiar with, and accept the obligations of, Section 617.06(5), Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of person authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LARSEN, MARTIN G	
STREET ADDRESS	18520 AUTUMN LAKE BLVD.	
CITY, ST, ZIP	HUDSON FL 34667	
TITLE	D	☒ DELETE
NAME	LARSEN, CAROL ANN	
STREET ADDRESS	18520 AUTUMN LAKE BLVD.	
CITY, ST, ZIP	HUDSON FL 34667	
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. TITLE	☐ Change ☐ Add
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Add
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Add
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Add
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Add
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and that I am an officer or director of the corporation, or the officer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *Martin G. Larsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

813-842-7980

CR2E034 (12/95)