

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000007244 (5)

1. Corporation Name

L.A. CRUISE, INC.

FILED

95 JUL 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4738 OCEAN ST.
MAYPORT FL 32233
US

Mailing Address

4738 OCEAN ST
MAYPORT FL 32233
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

03/17/1994

4. FEI Number

59-3170829

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.

23 City & State

24 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MAY, DAVID R
400 SOUTH PALAFOX STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

Dwayne Williams

82 Street Address (P.O. Box Number is Not Acceptable)

4738 Ocean St

83

84 City

MAYPORT

FL

85 Zip Code

32233

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

Dwayne Williams

(Signature of Registered Agent required when changing)

14 July 95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P
WILLIAMS, DEWAYNE
4738 OCEAN ST.
MAYPORT FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VPD
WILLIAMS, RAYMOND L
7460 PINE FOREST RD.
PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

STD
JONES, JERRY
4738 OCEAN ST.
MAYPORT FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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: X

Dwayne Williams

(Signature and typed or printed name of signing officer or director)

Date

(Signature/Name)

CR2E034 (3/95)