FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000072444

1. Corporation Name
LA CRUISE, INC

Principal Place of Business: 4738 OCEAN ST. MAYPORT, FL 32233
Mailing Address:

3. Date Incorporated or Qualified: 29 JAN 93	3a. Date of Last Report: 7-21-95
4. FEI Number: 59 3120829	☐ 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	2a. Mailing Address
21 M Same as I	26 Same as 1
22 Suite, Apt #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country USA	29 Zip / 30 Country USA

9. Name and Address of Current Registered Agent

DEWAYNE WILLIAMS
4738 OCEAN ST
MAYPORT, FL 32233

10. Name and Address of New Registered Agent

81 Name N/A
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 Dewayne Williams Dewayne Williams Pres
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	Pres	☐ DELETE
NAME	DEWAYNE WILLIAMS	
STREET ADDRESS	4738 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL 32233	
TITLE	VPD	☐ DELETE
NAME	RAYMOND L WILLIAMS	
STREET ADDRESS	7460 PINE FOREST RD	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	STD	☐ DELETE
NAME	JERRY JONES	
STREET ADDRESS	4738 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL 32233	
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	DIRECTOR	☐ Change ☐ Addition
1.2 NAME	DONNA L. BERDINE	
1.3 STREET ADDRESS	4738 OCEAN ST	
1.4 CITY-ST-ZIP	MAYPORT, FL 32233	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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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)(k), 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: Dewayne Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-96 Date
904-241-7200 Daytime Phone #