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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000054639 (8)

DOCUMENT # 1. Corporation Name LAVERY, INC.

Principal Place of Business

Mailing Address

FILED May 09 1996 8:00 am Secretary of State



2011 NW 57TH TERRACE GAINESVILLE FL 32605 US		2824 MW 39TH TERRACE GAINESVILLE FL 32606 US		Date Incorporated or Qualified 08/02/1993	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business S. N.W. 52nd Tellace	2a. Malling Address	nd Terrace	4. FEI Number	Applied For
Suite, Apt. #		Suite, Apt. #, etc.	IGALOGE	59-3199879	Not Applicable \$8.75 Additional
22	TOTAL TO SERVICE A VINE A SEE WE. 3 LAB. 4 A. 4	27		5. Certificate of Status Desired	Fee Required
City & State	sville FL	28 Gainesville	FL	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
24 Zip 3265	3-700425 L.S.人.	29 32653-7064	Country 30 U.S.A.	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Current		0, 0,	10. Name and Address of New Re	
81 Name					
2815 NW 13 ST SUITE 305			82 Street Addr	ress (P.O. Box Number is Not Acceptable	o)
			83		
			84 City		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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typod or paided havin of registered agent are fit of as plicable (NOTE: Registered Agent signature required when ruinstating) DATE DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE	PDST	DELETE	1, 1 TITLE		Change Addition
NAME	LAVERY, RICHARD J III		1.2 NAME		
STREET ADDRESS	2011 NW 57TH TERRACE		1.3 STREET ADDRESS		
CITY - S1 - ZIP	GAINESVILLE FL		1,4 CiTY-ST-Zi₽		
TITLE		DELETE	2 1 THTLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CiTY - ST-ZIP		
TITLE		☐ DELETE	3. 1 TITLF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3 4 CHY- \$1 - ZIP		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		□ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP			5.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		.
CITY-ST-ZIP			6.4 City - St - ZiP		
	certify that the information supplied wi	th this fling is voluntarily furnish		or the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further

certify that the information indicath; that I am an officer or of appears in Block 12 or Block 1 infisited and bees not quality for the exemption stated in section 19.0 (s)(x), monda statutes. I further fitting report is true and accurate and that my signature shall have the same legal effect as if made under tied empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name