

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 10 AM 8:40

DOCUMENT # P93000055612 (4)

1. Corporation Name

LARSEN & WAGNER, INC.

Principal Place of Business

**% ROLAND LARSEN
15560-2 MCGREGOR BLVD.
FORT MYERS FL 33908**

Mailing Address

**% ROLAND LARSEN
15560-2 MCGREGOR BLVD.
FORT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1993

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0428383

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 § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**LARSEN, ROLAND
15560-2 MCGREGOR BLVD.
FORT MYERS FL 33908**

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, typed or printed name of registered agent and the President

(If 11) Registered Agent is public, insert when beneficial (a)

(b)(1)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**WAGNER, THOMAS H JR
15560-2 MCGREGOR BLVD.
FORT MYERS FL 33908**

13. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

15. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**WAGNER, MICKLER G
15560-2 MCGREGOR BLVD.
FORT MYERS FL 33908**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

16. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**LARSEN, WINIFRED
15560-2 MCGREGOR BLVD.
FORT MYERS FL 33908**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

17. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**LARSEN, ROLAND
15560-2 MCGREGOR BLVD.
FORT MYERS FL 33908**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

18. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

19. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption related to tax laws (191.07/94) 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 oversee this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roland H. Larsen

ROLAND H. LARSEN

1/11/94

813-487-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR