## 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

Suite Apt. #, etc.

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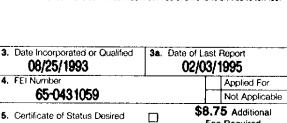
P93000059609 (6)

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DOCUMENT # 1. Corporation Name	P93000059609

L.R.C. ENTERPRISES, INC. Principal Place of Business Mailing Address 6150 SE 135TH STREET 6150 SE 135TH STREET SUMMER PLANTATION FL 3491 SUMMERFIELD FL 34491 US 08/25/1993 2. Principal Place of Business 2a. Mailing Address

Suite, Apt. #, etc.



27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEUBAUER, LINDA C 82 Street Address (P.O. Box Number is Not Acceptable) 6150 SE 135TH STREET 83 SUMMERFIELD FL 34491

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.

84 City

Signature, typod or printed name of registered agrict and title if application (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TILE 1 1 THILE ☐ Change ☐ Addition NEUBAUER, LINDA C NAM: 12 NAME **CR2E034** 6150 SE 135TH STREET STREET ADDRESS 13 STREET ADDRESS SUMMERFIELD FL 011Y-\$1-ZIP 1.4 CiTY - ST - ZiP DT DELETE TITLE 2 1 TITLE Addition NEUBAUER, RONALD O NAME 2.2 NAME 6150 SE 135TH STREET STREET ADDRESS 2 3 STREET ADDRESS SUMMERFIELD FL OFF-S1-ZIP 2 4 CITY - ST - ZIP DELETE TIT. 3 1 TITLE ☐ Change ☐ Addition BROWN, CYNTHIA C NAMI 3.2 NAME 6150 SE 135TH STREET STHEE! ADDRESS 3.3 STREET ADDRESS SUMMERFIELD FL CHY ST ZIP 3 4 CITY - ST - ZIP DELETE HELE 4. 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY ST ZP 4.4 CITY - \$1 - 71P DELETE Addition THE 5 1 TITLE ☐ Change NAMe 52 NAME STREET ADDRESS 5.3 STREET ADDRESS C-11-S1 Z-P 54 CITY-ST-ZIP THE DELETE Change 6.1 DILE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY ST-ZIP 6.4 CHTY - \$1 - 7IP

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 eath, 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 Blocky13 if changed, or on an attachment with an address.

C. Newbauer
PRINTED NAME OF SIGNING OFFICER OF DIRECTO

Pres. 2-6-96 352-245-7445

Zip Code

85