FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

OCALA FL 34471

2321 SE 19TH CIRCLE

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2321 SE 19TH CORCLE

OCALA FL 34471



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059609 (6)

L.R.C. ENTERPRISES, INC.

3. Date Incorporated or Qualified 08/25/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0431059 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 26 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEUBAUER, LINDA C 2321 SE 19TH CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 3447 83 84 City Zip Code 85 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 registernit agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TELLE ☐ Change Addition NAME **NEUBAUER, LINDA C** 1.2 NAME STREET ADDRESS 2321 SE 19TH CIRCLE 1.3 STREET ADDRESS CITY-ST-ZIP OCALA FL 1.4 CITY - ST - ZIP TITLE DELF TE Change Addition DT 2.1 TITLE NAME **NEUBAUER, RONALD O** 2.2 NAME STREET ADDRESS 2321 SE 19TH CIRCLE 2.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 2. 4 CITY-\$T-ZIP TITLE DELETE Change Addition DS 31 TITLE NAME BROWN, CYNTHIA C 3.2 NAME

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual roport or supplemental annual roport 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 Block 13 if changed, or on an attachment with an address

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

2321 SE 19TH CIRCLE

OCALA FL

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-St-ZiP

4.4 City-St-ZiP

3 4. CiTY-ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

61 THE

6.2 NAME

2-23-98 352-867-8765

Change

Change

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Addition

Addition

__ Addition

FILED

Feb 27 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE