

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000061700 (9)

1. Corporation Name
L & D ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6755 19TH ST. NORTH ST. PETERSBURG FL 33702	6755 19TH ST. NORTH ST. PETERSBURG FL 33702-6432

3. Date Incorporated or Qualified 08/30/1993	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business	2a. Mailing Address
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4. FEI Number	Applied For
59-3214385	Not Applicable

Suite, Apt. #, etc	Suite, Apt. #, etc
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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City & State	City & State
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip	Country	Zip
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLMERI, DAVID
6755 19TH ST. NORTH
ST. PETERSBURG FL 33702

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 title if applicable

NOTE Registered Agent signature required when reinstating.

DATE _____

12. OFFICERS AND DIRECTORS

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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FILE	D	<input type="checkbox"/> DELETE
NAME	KEMP, LINDA M	
STREET ADDRESS	6755 19TH ST. NORTH	
CITY, ST, ZIP	ST. PETERSBURG FL 33702	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVERI, DAVID	
STREET ADDRESS	6755 19TH ST. NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33702	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY, STATE	<input type="checkbox"/> DELETE
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3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

NAME	STREET ADDRESS	CITY, ST, ZIP	DATE	TIME	STATUS	DELETED

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

CITY, ST, ZIP		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

4.4.1.1	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.4.1.2	5.2 NAME		
4.4.1.3	5.3 STREET ADDRESS		
4.4.1.4	5.4 CITY - ST - ZIP		

TIME	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:

Handwritten: HANDED TO K. D. WILSON

Apr. 10. 97 813 526 1366

Date _____

Daytime Phone #

0373019

CR2E034 (9/96)