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

▲ PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996		Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT #	P93000064007 (6)				
LANCE GREEN MAS	SONRY, INC.				
Principal Place of Business	Mail	ing Address			
21 OAK LOOP OCALA FL 34472		21 OAK LOOP OCALA FL 34472-0212 US			
		Markon Aristone			



Principal Place of Business Mailing Address					
21 OAK LOOP OCALA FL 34472		21 OAK ŁOOP OCALA FL 34472-0212			
		us		3. Date Incorporated or Qualified 09/08/1993	3a. Date of Last Report 04/28/1995
2. Principal Plac	ce of Business	2a. Mailing Address	11.01	4. FEI Number	Applied For
12.1 F	Peebles Rd	2a. Mailing Address Pee.	bles Ma	59-3203055	Not Applicable
Suite, Apt. #,		Suite, Ant #, etc.	ien	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 3214		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 7 Zip	Country	710	Cougley	8. This corporation has liability for i	
	25 PUTMAN	1 29 32148	30 PUTMAN	Florida Statutes 🔀 Yes	□ No
	g. Name and Address of Curre	nt Registered Agent	041 Name	10. Name and Address of New R	egistered Agent
			81 Name		
GALEN, LANCE G		82 Street Addi	ress (P.O. Box Number is Not Acceptab	le)	
21 OAK			83		
OCALA F	FL 34472				
			84 City		FL 85 Zip Code
SIGNATURE	Signature, byried or printed have of high-seried sign	ND DIRECTORS	Responsed Ages (Signation respons	ADDITIONS/CHANGES TO OFF	
T:TLE	DVP	☐ DELETE	1.1 THE 7	DVP LANGE 6	Change 🔲 Addition
NAME	GREEN, LANCE G		12 NAME	PREEN, LANCE G	,
STREET ADDRESS	21 OAK LOOP		1.3 STREET ADDRESS	Nterlachen HA 321	148
CITY - SI - ZIP	OCALA FL 34472	f of the second	1.4 COY-S1-ZIP	MHERIACHETT TIM SON	nange Addition
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STREET ADDRESS	OCALA FL 34472		2 4 City - S1 - ZiP 7	Nteelachen 7/A 3.	2148
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STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP					
		E) occurr	3 4 CITY - ST - ZIP		☐ Chance ☐ Addition
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NAME		C) DETELE	4 1 TITLE 4 2 NAME		☐ Change ☐ Addition
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CITY - SI - ZIP			4 1 THE 42 NAME 43 STREET ADDRESS 44 CITY - ST ZIP 5 1 THE		
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I do hereby certify that the information supplied with this hing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(a)Ki, riorda Statutes, hunter 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 of Block 30 changed, I don't attachment with an address.

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayto estrución e