

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000000563 (4)**

1. Corporation Name
L & P, INC.

MAY 11 8:32
DIVISION OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**GLEASON MALL
HWY 90 W BOX C-3
LAKE CITY FL 32055** **2003 NE 11 PL
OCALA FL 34470**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/23/1993	05/01/1994
22		27		4. FEI Number	Applied For
23		28		59-3214273	Not Applicable
24		25		5. Certificate of Status Oused <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		7. This corporation has liability for intangible tax under S. 190.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIU, NORICK K 2003 NE 11 PL OCALA FL 34470				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0503 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1101	P LIU, NORICK K 2003 N.W. 11 PLACE OCALA FL	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102	V MYUNG, SUK P 2003 N.E. 11 PLACE OCALA FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1103	ST PAN, LANSEN C 2003 N.W. 11 PLACE OCALA FL	13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1104		14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1105		15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1106		16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1107		17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1108		18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.021, Florida Statutes. I further certify that the information included 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. 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 13 of this filing or in an attachment with this filing.

SIGNATURE: *Lansen Pan* **LANSEN PAN (Secretary)** 4/30/95 904-7559268