FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED - AND FILED

95 JUL 11 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007479 (2)

1. Corporation Name
LAINE MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10915 Bonita Bch Rd. Bonita Springs, Fl 33923	10915 Bonita Bch Rd. Suite #1131 BONITA SPRINGS FL 33923 US

3. Date Incorporated or Qualified: 1/31/95
3a. Date of Last Report: New Corp

4. FEI Number: 65-0464375 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30 USA

9. Name and Address of Current Registered Agent

L.N.LAINE
10915BONITA BEACH RD., SUITE 1131
BONITA SPRINGS, FL 33923

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip

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 _____ DATE
Signature, typed or printed name of registered 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	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	L.N.LAINE	1.2 NAME	
STREET ADDRESS	LAINE MANAGEMENT SERVICES, INC	1.3 STREET ADDRESS	
CITY-ST-ZIP	10915 BONITA BCH RD., #1131	1.4 CITY-ST-ZIP	
TITLE	BONITA SPRINGS, FL 33923	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	900001556129
STREET ADDRESS		2.3 STREET ADDRESS	-07/12/95--01080--009
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	C.M.LAINE	3.2 NAME	
STREET ADDRESS	10915 BONITA BCH RD. #1131	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 33923	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVID GOVANUS	4.2 NAME	
STREET ADDRESS	8236 NEW JERSEY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33912	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.M. Laine 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

Daytime Phone # 479-495-8814