

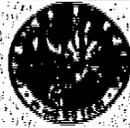
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000007479 (2)

1. Corporation Name
LAINE MANAGEMENT SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
L.N. LAINE
10915 BONITA BEACH RD., SUITE 1131
BONITA SPRINGS, FL 33923

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. FL

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 fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	900001536123
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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

[Handwritten Signature]
7/11

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 110.07(3)(4), 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* DATE: 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
873-495-8814