

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:27

DOCUMENT # P94000008018 (1)

1. Corporation Name

LFS, INC.

Principal Place of Business

825 SOUTH PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

Mailing Address

825 SOUTH PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

4. FEI Number

59-3254042

Applied For

Not Applicable

2. Principal Place of Business

21 825 Ponte Vedra Blvd.

2b. Mailing Address

26 825 Ponte Vedra Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

HANSON, KARL B JR
50 N. LAURA ST.
SUITE 2800
JACKSONVILLE FL 32202

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 of person or persons of registered agent and their corporation

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D
NAME SMITH, LAYTON F
STREET ADDRESS 825 SOUTH PONTE VEDRA BLVD.
CITY, ST, ZIP PONTE VEDRA BEACH FL 32082

P/S/T

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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3.1 TITLE
3.2 NAME
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3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), 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. I am an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Layton F. Smith

4/5/95 (904) 285-269