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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000016688 (1)**

1. Corporation Name
LANCO, INC.

Principal Place of Business	Mailing Address
324 NEWBURYPORT AVE. ALTAMONTE SPRINGS FL 32701	324 NEWBURYPORT AVE. ALTAMONTE SPRINGS FL 32701-3645

3. Date Incorporated or Qualified: 03/02/1994	3a. Date of Last Report: 02/15/1996
4. FEI Number: 59-3231794	☐ 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
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 1941 ALOMA AVENUE	26 1941 ALOMA AVE
22 Suite, Apt. #, etc. SUITE 210	27 Suite, Apt. #, etc. SUITE 210
23 City & State WINTER PARK FL	28 City & State WINTER PARK, FL
24 Zip 32792 25 Country USA	29 Zip 32792 30 Country USA

9. Name and Address of Current Registered Agent

TAYLOR, CHRISTOPHER E
324 NEWBURYPORT AVE.
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: TAYLOR, CHRISTOPHER E
82 Street Address (P.O. Box Number is Not Acceptable): 1941 ALOMA AVE ~~#210~~
83 ~~PO~~ SUITE 210
84 City: WINTER PARK FL 85 Zip Code: 32792

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	TAYLOR, CHRISTOPHER E	1.2 NAME	TAYLOR, CHRISTOPHER E
STREET ADDRESS	324 NEWBURYPORT AVE.	1.3 STREET ADDRESS	1941 ALOMA AVE SUITE 210
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TITEN, EDWARD	2.2 NAME	
STREET ADDRESS	324 NEWBURYPORT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or added by an attachment with an address.

SIGNATURE: [signature] CHRISTOPHER E TAYLOR 14 FEB 97 407.647.8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061438