

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000018290 (4)

1. Corporation Name

LANSING WILLIAMS, INC.



Principal Place of Business

1499 S HARBOR CITY BLVD
SUITE 200
MELBOURNE FL 32901

Mailing Address

1499 S HARBOR CITY BLVD
SUITE 200
MELBOURNE FL 32901

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3226355

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 27 E. Hibiscus Blvd.

26 27 E. Hibiscus Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

City & State

City & State

23 Melbourne, FL

28 Melbourne, FL

Zip

Zip

24 32901

29 32901

Country

Country

25 Brevard

30 Brevard

9. Name and Address of Current Registered Agent

FRESE, GARY B
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

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 typed or printed (must be typed or printed in block capitals)

Signature of Registered Agent (must be typed or printed in block capitals)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME WILLIAMS, MICHAEL H
STREET ADDRESS 1499 S HARBOR CITY BLVD SUITE 200
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Michael H. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Williams

4/12/96

407/951-2822

Date

Telephone #

CR2E034 (12/95)