## 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

1. Corporation Name	DOCUMENT #  1. Corporation Name	P94000041908	(2)
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LAMOTHE & WEB, INC.

			· <u>-</u> · · · · · · · · · · · · · · · · · · ·							
Principal Place o	f Business	М	lailing Address							
32904 EAST HIGHWAY 44 DELAND FL 32720			32600 FOREST DRIVE DELAND FL 32720							
						3. Date Incorporated or Qualified 3a. Date of Last Repo 06/06/1994 05/31/1995			95	
2. Principal Plac	e of Business	2a	Mailing Address				4. FEI Number			Applied For
1		26					59-3246893			Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip	Country 25	29	Zip	30	ntry		This corporation has liability for Florida Statutes	intangible No	tax under	s 199.032,
4	g. Name and Address of Curren		stered Agent		[		10. Name and Address of New F	legistere	d Agent	
	g, Hame and Medical				81	Name				
BROWN, WALTER E				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	OREST DR				83					
DELAND	FL 32720								. 85	Zip Code
					84	, ,	ration submits this statement for the pu	F		
SIGNATURE	Signature typed or contest have of registerer age OFFICERS AN		CTORS	13.		nt signature require	ed when rend along ADDITIONS/CHANGES TO OF	DATE ICERS A	ND DIRECT	
TITLE	Р		☐ DELETE	1.1						
NAME	BROWN, WALTER E			121		T ADDRESS				
STREET ADDRESS	32904 EAST HIGHWAY 44					ST - ZIF				
DITY-ST-ZIP TITUE	DELAND FL 32720 VP		DELETE	2 1		<u></u>			Chang	e 🔲 Addition
NAME	LAMOTHE, RICHARD K			221	IAME					
STREET ADDRESS	32600 FOREST DR			233	TREE	T ADDRESS				
CITY-ST-ZIP	DELAND FL					ST-ZIP			Chang	e  Addition
TITLE			□ DELETE		TITLE				Chang	, LI MOUNTAIN
NAMÉ					NAME erace	ET ADDRESS				
STREET ADDRESS						\$1-7IP				
CITY-ST-ZIF TITLE			DELETE		THLE				☐ Chang	e 🔲 Addition
NAME			<del></del>		NAME					
STREET ADDRESS				43	STREE	T ADDRESS				
CITY-ST-ZIP				4.4	C-Ty-	\$1 - ZiF			F7) 05:	. [7] Addition
TITLE			☐ DELFTE		TI"LE				☐ Chang	e 🗌 Addition
NAME					NAME					
STREET ADORESS						ET ADORESS				
CITY-ST-ZIP			[ ] DELETE			-SJ - ZIP	<b>6000017</b> -04/11/9601	775		e Addition
TITLE			☐ bereit		HHLE NAME		-04/11/9601	121	-018	76
NAME				62	remiviE	· ·	***200.00			que que

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 cathy 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

STREET ADDRESS

SIGNATURE: Beland 9 Longton Richard K lamothe 4-8-96 904-577-4948