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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000044441 (1) DOCUMENT #

LADOU CORPORATION

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business Mailing Address 633 TIMBERLANE ROAD 633 TIMBERLANE ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 3a. Date of Last Report 3. Date Incorporated or Qualified 06/14/1994 05/16/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3249876 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing City & State \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s 199.032, Ζφ Country Zio ☐ Yes ☐ No Florida Statutes 30 2951 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAPITAL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 82 **633 TIMBERLANE ROAD** 83 TALLAHASSEE FL 32312 85 Zip Code 84 City 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. (NOTE: Rigistered Agest signature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ Change Addition DELETE. TITLE 1.2 NAME GAY, L. LAMAR NAME **633 TIMBERLANE ROAD** 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 14 CITY - ST- ZIP CITY-SI-7/P ☐ Addition T) DELETE 2 1 TITLE ☐ Change THLE URIDEL, DOUG 2.2 NAME NAME 1200 S WHITNEY ROAD 2.3 STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 2.4 C(1.Y - \$1 - 2)P CITY-ST-ZIP Change Addition DELETE TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - ST - ZIP CITY-ST-ZIP Change Addition []] DELETE 4 1 111LE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP C(11 - ST - Z(P DELETE Change Addition 6 1 TillE TIFLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY-ST-ZIP DITY-ST-ZIP 14. If do hereby certify that the information supplied with this filling is voluntarily turnished 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 early that I am an officer or director of the corporation or the power or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ent with an address.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR