

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000045942 (7)

1. Corporation Name

LAWARRE HOLDINGS CORPORATION

Principal Place of Business

Mailing Address

590 APACHE TRAIL  
MERRITT ISLAND FL 32953  
US

590 APACHE TRAIL  
MERRITT ISLAND FL 32953  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7625 Progress Circle

Suite, Apt #, etc

22

City & State

23 W. Melbourne, FL

Zip

24 32904

Country

25

2a. Mailing Address

26 7625 Progress Circle

Suite, Apt #, etc

27

City & State

28 W. Melbourne, FL

Zip

29 32904

Country

30

9. Name and Address of Current Registered Agent

LAWARRE, ROBERT W II  
1780 BASIN DR.  
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

59-3252269

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Patricia A. LAWARRE

82

Street Address (P.O. Box Number is Not Acceptable)

7625 Progress Circle

83

84

City

W. Melbourne,

FL

85 Zip Code

32904

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

Patricia A. Lawarre

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-3-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWARRE, ROBERT W II	
STREET ADDRESS	590 APACHE TRAIL	
CITY - ST - ZIP	MERRITT ISLAND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWARRE, PATRICIA A	
STREET ADDRESS	590 APACHE TRAIL	
CITY - ST - ZIP	MERRITT ISLAND FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	(Same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	(Same)
2.3 STREET ADDRESS	7625 Progress Circle
2.4 CITY - ST - ZIP	W. Melbourne, FL 32904

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 on an attachment with an address.

SIGNATURE:

Patricia A. Lawarre

4-3-98

1407 984-7600

CR2E034 (10/97)