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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:21

DOCUMENT # P94000049827 (6)

1. Corporation Name
LAURA'S PLACE, INC.

Principal Place of Business	Mailing Address
915 US HWY 1 SEBASTIAN FL 32958	915 US HWY 1 SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 LAURA'S PLACE, INC.	26 LAURA'S PLACE, INC.
Suite, Apt. #, etc. 22 909 U.S. Hwy 1	Suite, Apt. #, etc. 27 909 U.S. Hwy 1
City & State 23 Sebastian, Fla.	City & State 28 Sebastian, Fla.
Zip / Country 24 32958 / 25 Indian River	Zip / Country 29 32958 / 30 Indian River

4. FEI Number: 65-0509100 ☐ 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

9. Name and Address of Current Registered Agent

SCHULER, LAURA
915 US HWY 1
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name: LAURA SCHULER
82 Street Address (P.O. Box Number is Not Acceptable): 9406 - 126 Ave
83: Fellsmere, Fla. 32948
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: Laura Schuler LAURA SCHULER 1/8/95
(Signature of new registered agent, if changed) (Name of New Registered Agent, typed or printed) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: SCHULER, LAURA STREET ADDRESS: 9406 126TH AVE CITY-ST-ZIP: FELLSMERE FL 32948	11 TITLE: D/P/T ☐ Change ☑ Addition 12 NAME: ~~LAURA~~ SCHULER, LAURA 13 STREET ADDRESS: 9406 - 126 Ave 14 CITY-ST-ZIP: Fellsmere, FL 32948
	21 TITLE: D/V ☐ Change ☑ Addition 22 NAME: SMITH, JERALD E. SR. 23 STREET ADDRESS: 9406 - 126 Ave 24 CITY-ST-ZIP: Fellsmere, FL. 32948
	31 TITLE: D/S ☐ Change ☑ Addition 32 NAME: LAU, BONNIE 33 STREET ADDRESS: 14 Palmer DR. 34 CITY-ST-ZIP: Sebastian, FL. 32958
	41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:
	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:
	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is substantially complete and 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 above, or on an attachment with an address.

SIGNATURE: Laura Schuler LAURA SCHULER 1/8/95 (407) 589-6822
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)
President