

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067121 (1)

1. Corporation Name

LARKIN REPORTING, INC.

Principal Place of Business

Mailing Address

6811 HERMITAGE RD
JACKSONVILLE FL 32277

6811 HERMITAGE RD
JACKSONVILLE FL 32277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/13/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FCI Number

Applied For

59-3271712

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

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

10. Name and Address of New Registered Agent

HOFRICHTER, DEBORAH M
6811 HERMITAGE RD
JACKSONVILLE FL 32277

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

DPST

12. NAME

HOFRICHTER, DEBORAH M

13. STREET ADDRESS

6811 HERMITAGE RD

14. CITY, ST, ZIP

JACKSONVILLE FL 32277

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY, ST, ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That person or persons on behalf of the corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change or on an other form with an address.

SIGNATURE:

Deborah M. Hofrichter, Deborah M Hofrichter

4/27/95

190423539778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR