

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09/14/1994

DOCUMENT # P94000067720 (0)

1. Corporation Name

LAUGISTICS MOLD & MACHINE, INC.

Principal Place of Business

75 W. MARTIN LUTHER KING DR.
RIVIERA BEACH FL 33404

Mailing Address

75 W. MARTIN LUTHER KING DR.
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3825 INVESTMENT LANE

26 3825 INVESTMENT LANE

4. FEI Number

63-0520921

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 1

27 UNIT 1

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 RIVIERA BEACH FL

28 RIVIERA BEACH FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33404

25 Palm Beach

29 33404

30 Palm Beach

7. 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

GIRNUN, MORRIS A
75 W. MARTIN LUTHER KING DR.
RIVIERA BEACH FL 33404

81 Name JAMES LAUGER

82 Street Address (P.O. Box Number is Not Acceptable)
3825 INVESTMENT LANE UNIT 1

83

84 RIVIERA BEACH

FL

85 Zip Code
33404

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

James A. Lauger

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP

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 110.07(3)(b), 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:

James A. Lauger

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Signature Required)