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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 MAR -8 PM 2:16

DOCUMENT # P94000071512 (5)

1. Corporation Name
LRT, INC.

Principal Place of Business	Mailing Address
304 WEST WOOD CIR WEST PALM BEACH FL 33411	304 WEST WOOD CIR WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report:

2. Principal Place of Business 21 510 S. PARROTT AVE	2a. Mailing Address 26 510 S. PARROTT AVE	4. FEI Number ☑ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 OKEECHOBEE FL	City & State 28 OKEECHOBEE FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 34974 25	Zip / Country 29 34974 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLTON, PETER S
505 S FLAGLER DR
SUITE 1100
WEST PALM BEACH FL 33402-3475

10. Name and Address of New Registered Agent

81 Name: LAURA M. TUMOSZWICZ
82 Street Address (P.O. Box Number is Not Acceptable): 510 S. PARROTT AVE
83
84 City: OKEECHOBEE FL 85 Zip Code: 34974

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: _____ DATE
(Signature of new registered agent, and title if corporate) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	TUMOSZWICZ, LAURA M	1.2 NAME	TUMOSZWICZ LAURA M	
STREET ADDRESS	304 WEST WOOD CIR	1.3 STREET ADDRESS	P.O. Box 2813	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	1.4 CITY-ST-ZIP	OKEECHOBEE FL 34973	N/A
TITLE	VSTD	2.1 TITLE	VSTD	☑ Change ☐ Addition
NAME	TUMOSZWICZ, RONALD	2.2 NAME	TUMOSZWICZ RONALD	
STREET ADDRESS	304 WEST WOOD CIR	2.3 STREET ADDRESS	P.O Box 2813	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	2.4 CITY-ST-ZIP	OKEECHOBEE FL 34973	N/A
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: Laura M. Tumoszwicz Laura M. Tumoszwicz, Pres. 1/17/95 (813) 763-0611
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0458000 FP