

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000000125 (1)**

1. Corporation Name

**LRC OF ST. LUCIE COUNTY, INC.**



Principal Place of Business

**9803 S OCEAN DR  
JENSEN BEACH FL 34957  
US**

Mailing Address

**9803 S OCEAN DR  
JENSEN BEACH FL 34957  
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MCCARTHY, TERENCE P  
2081 E. OCEAN BLVD.  
STUART FL 34996**

3. Date Incorporated or Qualified

**12/29/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65 0567815**

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

10. Name and Address of New Registered Agent

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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement on behalf of the corporation

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

|                     |                        |                                 |
|---------------------|------------------------|---------------------------------|
| 1. NAME             | <b>PROM, DAN LUNDS</b> | <input type="checkbox"/> DELETE |
| 2. STREET ADDRESS   | <b>9803 S OCEAN DR</b> |                                 |
| 3. CITY - ST - ZIP  | <b>JENSEN BEACH FL</b> |                                 |
| 4. NAME             | <b>VP</b>              | <input type="checkbox"/> DELETE |
| 5. NAME             | <b>REIMER, JEFF</b>    |                                 |
| 6. STREET ADDRESS   | <b>9803 S OCEAN DR</b> |                                 |
| 7. CITY - ST - ZIP  | <b>JENSEN BEACH FL</b> |                                 |
| 8. NAME             | <b>ST</b>              | <input type="checkbox"/> DELETE |
| 9. NAME             | <b>CHRIST, MIKE</b>    |                                 |
| 10. STREET ADDRESS  | <b>9803 S OCEAN DR</b> |                                 |
| 11. CITY - ST - ZIP | <b>JENSEN BEACH FL</b> |                                 |
| 12. NAME            |                        | <input type="checkbox"/> DELETE |
| 13. NAME            |                        |                                 |
| 14. STREET ADDRESS  |                        |                                 |
| 15. CITY - ST - ZIP |                        |                                 |
| 16. NAME            |                        | <input type="checkbox"/> DELETE |
| 17. NAME            |                        |                                 |
| 18. STREET ADDRESS  |                        |                                 |
| 19. CITY - ST - ZIP |                        |                                 |
| 20. NAME            |                        | <input type="checkbox"/> DELETE |
| 21. NAME            |                        |                                 |
| 22. STREET ADDRESS  |                        |                                 |
| 23. CITY - ST - ZIP |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|          |                       |                                            |                                   |
|----------|-----------------------|--------------------------------------------|-----------------------------------|
| 1. NAME  | <b>P</b>              | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2. NAME  | <b>Lundstrom, Dan</b> |                                            |                                   |
| 3. NAME  |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 4. NAME  |                       |                                            |                                   |
| 5. NAME  |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 6. NAME  |                       |                                            |                                   |
| 7. NAME  |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 8. NAME  |                       |                                            |                                   |
| 9. NAME  |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 10. NAME |                       |                                            |                                   |
| 11. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 12. NAME |                       |                                            |                                   |
| 13. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 14. NAME |                       |                                            |                                   |
| 15. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 16. NAME |                       |                                            |                                   |
| 17. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 18. NAME |                       |                                            |                                   |
| 19. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 20. NAME |                       |                                            |                                   |
| 21. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 22. NAME |                       |                                            |                                   |
| 23. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 24. NAME |                       |                                            |                                   |
| 25. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 26. NAME |                       |                                            |                                   |
| 27. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 28. NAME |                       |                                            |                                   |
| 29. NAME |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| 30. NAME |                       |                                            |                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 for the record, and that I am 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 in an attachment with an address.

SIGNATURE:

*Dan Lundstrom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

407-229-1300

CR2E034 (12/95)