## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500001778

1. Corporation Name

LAURISA INVESTMENTS, INC.

Principal Place of Business	Mailing Address		
1015 NE 8TH AVE. OCALA FL 34470	1015 NE 8TH AVE. OCALA FL 34470		

## **FILED** Mar 11, 1999 8:00 am **Secretary of State**

03-11-1999 90102 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/04/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable <u>59-3283144</u> 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DRAKE, TRUSTEN Street Address (P.O. Box Number is Not Acceptable) 1015 NE 8TH AVE **SUITE 1609** 83 OCALA FL 34470 Zip Code 84 85 City 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	NOTE D	oristored Apont eigenture re	multiput when reinstation)	DATE	i	
Signature, typed of printed name of registered agent and time it approach						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO		Addition	
TITLE	D DELETE	1.1 TITLE		☐ Change	☐ Abdition {	
NAME	DRAKE, TRUSTEN P III	1.2 NAME				
STREET ADDRESS	1015 NE 8TH AVE.	1.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP		·		
TITLE	DELETE	2.1 TITLE		Change	☐ Addition	
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS			}	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				
TITLE	DELETE	3.1 TITLE		Change	Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	DELETE	4.1 TITLE		☐ Change	☐ Addition (	
NAME		4. 2 NAME			Ì	
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME		5.2 NAME			•	
STREET ADDRESS		5.3 STREET ADDRESS			1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP			l	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR