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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000003944**1. Corporation Name

Principal Place of Business

LAUREL & HERBERT INC.

66 EAST POINT DRIVE SUGARLOAF SHORES FL 33044		PO BOX 266 SUGARLOAF SHORES F	PO BOX 266 SUGARLOAF SHORES FL 33044			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 01/05/1995	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26	26			25-1564803 Not Applica	
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, etc.	- -¬ ''			5. Certificate of Status Desired See Required	
		<u> </u>				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	30	ountry		8. This corporation owes the current year intangible Personal Property Tax.	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
HERBERT, MARY A 66 EAST POINT DRIVE SUGARLOAF SHORES FL 33044				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
				83			
				84	City FL 85 Zip Code		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (N		ared Ager	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	DELETE		1 TITLE		☐ Change ☐ Ado	
NAME	HERBERT, MARY A		1:	2 NAME			
STREET ADDRESS	AA EAAT OOUT DOUE		t	3 STREET	ADDRESS		
CITY-ST-ZIP	SUGARLOAF SHORES FL 33	044	1.	4 CITY-S	- _{-ZIP}		
TITLE	DVT	☐ DELETE		1 TITLE		Change Ado	
NAME	HERBERT, RICHARD G		2.	2 NAME			
STREET ADDRESS	AS FAST BOILT BOILE		2.	3 STREET	ADDRESS		
CITY-ST-ZIP	SUGARLOAF SHORES FL 33	044	2.	4 CITY-S	T-ZIP		
TITLE		☐ DELETE	3.	1 TITLE		Change Add	
NAME			3.	2 NAME			
STREET ADDRESS			3.	3 STREET	ADDRESS		
CITY-ST-ZIP				4. C(TY-S	T-ZIP		
TITLE		☐ DELETE	4.	1 TITLE		☐ Change ☐ Add	
NAME				2 NAME			
STREET ADDRESS			4.3	3 STREET	ADDRESS		
CITY-ST-ZIP				4 CITY-S	r-ZIP		
TITLE		☐ DELETE		1 TITLE		☐ Change ☐ Add	
NAME				2 NAME			
STREET ADDRESS			5.	3 STREET	ADDRESS [

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90195 006 ***150.00

Addition

Change