

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025411 (6)

1. Corporation Name

LARRY'S ROSELAND SERVICE CENTER, INC.



Principal Place of Business

14395 US HWY 1
SEBASTIAN FL 32905

Mailing Address

14395 US HWY 1
SEBASTIAN FL 32905

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

32958

Country

Zip

32958

Country

24

29

30

4. FEI Number

65-0574121

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONLAN, ROBERT J
CONLAN BLVD NE
SUITE 100
PALM BAY FL 32905

81 Name

David H. Jacoby

82 Street Address (P.O. Box Number is Not Acceptable)

1581 Robert J. Conlan Blvd NE

83

Suite 100

84 City

Palm Bay

FL

85

Zip Code

32905

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

David H. Jacoby
Signature of or printed name of registered agent, if title is applicable.

DAVID H. JACOBY, Esquire

(NOTE: Registered Agent signature required when reinstating)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | KARACHUM, LAURENCE | |
| STREET ADDRESS | 709 HYACINTH CIR | |
| CITY-ST-ZIP | BAREFOOT BAY FL 32976 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | BURTON, JOHN R | |
| STREET ADDRESS | 502 PARKER RD | |
| CITY-ST-ZIP | WEST MELBOURNE FL 32904 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | CATHERINE, MARY | |
| STREET ADDRESS | 709 HYACINTH CIR | |
| CITY-ST-ZIP | BAREFOOT BAY FL 32976 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | BURTON, SARAJANE W | |
| STREET ADDRESS | 502 PARKER RD | |
| CITY-ST-ZIP | WEST MELBOURNE FL 32904 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1061 Barker St |
| 1.4 CITY-ST-ZIP | Sebastian, FL 32958 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Karachum, Mary Catherine |
| 3.3 STREET ADDRESS | 1061 Barker St |
| 3.4 CITY-ST-ZIP | Sebastian, FL 32958 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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)(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 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: *Mary Catherine Karachum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

(407) 589-1257
Daytime Phone

CR2E034 (12/95)