PROFIT CORPORATION ANNUAL REPORT `1996



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

DOCUMENT # P9500032129

James H. Lattin Construction, Inc.				
				·
Principal Place	of Business	Mailing Address		
3605 Dellefield St.				
New Port Richey, FL 34655				
				Date Incorporated or Qualified
2. Princinal Pl	ace of Business	2a. Mailing Address		01/01/95 01/01/96
	Dellefield St.	26 3605 Dellef:	ield St.	4. FEI Number Applied For S9-3320201 Not Applied by
Suite, Apt.		Suite, Apt. #, etc.		\$8.75 Additional
22		27		Fee Required
City & State 23 ew Po	rt Richey,FL	City & State New Port R:	ichey, FL	6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for intangible tax under s. 199.032,
24 3465			USA	Florida Statutes
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
Thacker & Associates Management, Inc. Ron				Ronald E. Thacker
385 Whitcomb Blvd.				oddress (P.O. Box Number is Not Acceptable) Whitcomb Blvd.
Tarp	on Springs, FL 34	1689	83	WILL COMP DITTE.
			84 City	las to Oct
Tarn			rpon Springs FL Sto Code 34689	
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 charging 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 aim familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Honald E.	rulel to	NALD F. T	THACKER 6/14/1960 1
12.	OFFICERS AND	,	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE	President	[] DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	James H. Lattin		1.2 NAME	;
STREET ADDRESS	3605 Dollofield 9	St	1.3 STREET ADDRESS	
CHY-ST-ZIP TITLE	New Port Richey, I	IL 34655	1.4 CITY - ST - ZIP	
NAME			2. 1 TITLE 2 2 NAME	Change Addition
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 TITLE		DELETE	3.4 CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME		En) section	4.2 NAME	Charge Middigu
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5. 1 TITLE	4DDDD1888444 OAddion
NAME			5 2 NAME	40001888444 Addition -07/09/9601125031
STREET ADDRESS			5.3 STREET ADORESS	***200.80

64 CITY - ST - ZIP 14. 1 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)(b). Florida Stitutes. 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, oyof an attachment with an address.

63 STREET ADDRESS

5.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FITLE

NAME

ME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change Addition