

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000032845 (6)**

1. Corporation Name

L3 ENTERPRISES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 381
ELLENTON FL 34222

P.O. BOX 381
ELLENTON FL 34222

3. Date Incorporated or Qualified

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **1301 10TH ST EAST**

26 Suite, Apt #, etc.

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

23 City & State

28 City & State

SUITE F

PALMETTO FL

24 Zip

25 Country

29 Zip

30 Country

34221

34221

4. FEI Number

Applied For

Not Applicable

59-3312535

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

HOYLE, D. ROBERT
1111 3RD AVE W
BRADENTON FL 34225

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(If OFF, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D LUKE, MICHAEL**
STREET ADDRESS **3410 WILDERNESS BLVD. E.**
CITY - ST - ZIP **PARRISH FL 34219**

TITLE ☐ DELETE

NAME **D LANNERT, MICHAEL**
STREET ADDRESS **3102 LAKESIDE CI.**
CITY - ST - ZIP **PARRISH FL 34219**

TITLE ☐ DELETE

NAME **D LANGFORD, RICK**
STREET ADDRESS **8330 - 9TH AVE. TERRACE NW**
CITY - ST - ZIP **BRADENTON FL 34209**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Michael Luke **MICHAEL LUKE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96 **(941) 727-4700**
Date Daytime Phone #

CR2E034 (3/96)