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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000039741 (0)

1. Corporation Name
LOLA'S LAUGH INN, INC.



Principal Place of Business
49 NORTH NAVY BOULEVARD
PENSACOLA FL 32507

Mailing Address
49 NORTH NAVY BOULEVARD
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1995

4. FEI Number
59-3332263

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 1817 W. PINE ST.

Suite, Apt. #, etc.

22 City & State
23 PENSACOLA FL

24 Zip
32501

25 Country
FLORIDA

2a. Mailing Address
26 1817 W. PINE ST.

Suite, Apt. #, etc.

27 City & State
28 PENSACOLA FL

29 Zip
32501

30 Country
FLORIDA

9. Name and Address of Current Registered Agent

ROBERTS, LOLA C
49 N NAVY BLVD
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name FRENCH, LOLA J.
82 Street Address (P.O. Box Number is Not Acceptable)
1817 W. PINE ST
83
84 City PENSACOLA FL 85 Zip Code 32501

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 LOLA J. FRENCH

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

(NOTE: Registered Agent signature required when reinstating)

4-9-98

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ROBERTS, LOLA C
STREET ADDRESS 100 BASS LAKE STREET
CITY-ST-ZIP PENSACOLA FL 32506 ☒ DELETE

TITLE ST
NAME FRENCH, LOLA J
STREET ADDRESS 49 NORTH NAVY BOULEVARD
CITY-ST-ZIP PENSACOLA FL 32507 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1817 W. PINE ST.
2.4 CITY-ST-ZIP PENSACOLA, FL, 32501

3.1 TITLE ST ☐ Change ☒ Addition
3.2 NAME SAUCIER, MELANIE
3.3 STREET ADDRESS 1817 W. PINE ST
3.4 CITY-ST-ZIP PENSACOLA FL 32501

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE Lola J. French

4-1-98

550-432-5722

CR2E034 (10/97)