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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P

P95000044077 (2)

LARK PORTABLE BUILDINGS, INC.						
Principal Place of	of Business	Mailing Address			'ill Maill Chiff Biffit Arbit Abiti 1851s seer seer	
6461 BLANDING BLVD JACKSONVILLE FL 32244 JACKSONVILLE FL 32244						
				3. Date Incorporated or Qualified 05/30/1995	3a. Date of Last Report	
2. Principal Place		2a. Mailing Address 26 6441 Bland	diva Blud	4. FEI Number 59 33273 4	7 Applied For Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State	CONVille, R	City & State 28 Sacks ONU, 1/	'e, 2C	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
322J	Country	29 32244	Country 30 Ulus al	8. This corporation has liability for in Florida Statutes Yes	₩	
<u></u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
WHITE, DELORISE A 6461 BLANDING BLVD			82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
	ONVILLE FL 32244		83			
5/10/10	V,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84 City		FL 85 Zip Code	
or registere	the provisions of Sections 607,0502 d agent, or both, in the State of Florid n, and accept the obligations of, Section	a. Such change was authorized	the above named corporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	pase of changing its registered office pintment as registered agent. I am	
SIGNATURE _	lignature, typed or printed hame of registered agent a	ad title if sectionable (NOTE	E Registered Agent signature require	nd when reinstating!	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1. 1 TITLE		☐ Change ☐ Addition	
NAME	YOUNG, KENNETH C SR.		1.2 NAME			
STREET ADDRESS	6461 BLANDING BLVD		1.3 STREET ADDRESS		:	
CITY - ST - ZIP	JACKSONVILLE FL 32244		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2. 1 TITLE		Change Addition	
NAME	white, delorise a	· ·	2.2 NAME			
STREET ADDRESS	6461 BLANDING BLVD		2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244	Flories	2 4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		DELETE	3. 1 TITLE		Change C Aconton	
NAME			3 2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY - ST - ZIP		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition	
TILLE		Decen	4.2 NAME			
NAME CARLLIADORECE			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		[] DELETE	5. 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS	,		
CITY-ST-ZIP			6 4 CITY - ST - 2IP			
certify that		ial report or supplemental annu ration or the receiver or trustee	iai report is true and accur e empowered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, F		

SIGNATURE: Lecture Alectron 3-12-96 904-741-4106
SIGNATURE: Lecture Alectron Director 3-12-96 904-741-4106