## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P95000050729 (9) DOCUMENT # LARRY D. FAW. INCORPORATED Principal Place of Business Mailing Address 14400 SOUTH WEST 46TH COURT 14400 SOUTH WEST 46TH COURT OCALA FL 34473 OCALA FL 34473 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1995 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-3372681 26 Not Applicable 21 Suite. Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 231 26 Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 30 ] No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name FAW, LARRY D. 14400 SOUTH WEST 48TH COURT Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34473 83 84 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Addition TITLE FAW, LARRY D 1.2 NAME NAME 14400 SOUTH WEST 48TH COURT 1.3 STREET ADDRESS STREET ADDRESS **OCALA FL 34473** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 1/11/ TITLE FAW, GENEVIEVE H 2.2 NAME NAME 14400 SOUTH WEST 46TH COURT 2.3 STREET ADDRESS STREET ADDRESS **OCALA FL 34473** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition Change 3 1 1171 F TITLE HEFLER, ROGER H NAME 3.2 NAME 22 SEMINOLE PATH deceased 3.3 STREET ADDRESS STREET ADDRESS WILDWOOD FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.9 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6 1 TITLE 6.2 NAME NAME

**FILED** 

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 of 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 or an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP