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

PROFIT CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # POSOOONESOES

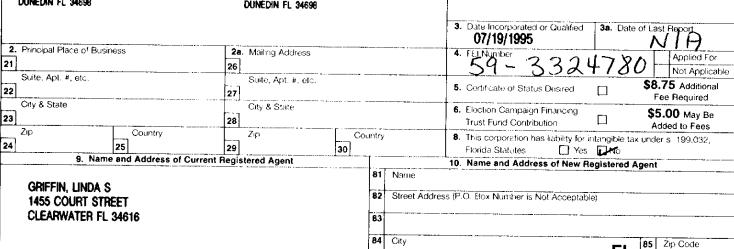
1. Corporation Name	ı	900000009900	(O
LOUISIANA PURCHAS	SE.	. INC.	

342 MAIN STREET **DUNEDIN FL 34698**

Principal Place of Business

Mailing Address

342 MAIN STREET DUNEDIN FL 34698



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIF	RECTORS	TE Forgutiered Apart signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE D		DELETE	1 1 ToTLE	Change Addition
	BEE, SUSAN A		1.2 NAME	
	ELDORADO AVENUE		1.3 STREET ADDRESS	
CHTY-ST-ZIP CLE	ARWATER FL 34630		1.4 CITY - \$1 - ZIP	
THTLE		DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
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TITLE		☐ DELETE	3 1 TITLE	Change Addition
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CITY-ST-ZIP			3.4 CiTY - ST - ZiP	
TITLE		☐ DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
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TITLE	7774	☐ DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
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CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	C Grange Magnetin
STREET ADDRESS			6 3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - \$1.7 IP	

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 coath; 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

SIGNATURE:

-96 813.736.5127