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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

P95000065612 (0)

| | n Name | | | | | |
|---|---|---|--|--|--|--|
| CHRIS | S LUTY, INC. | | | | · | |
| | | | | | | |
| Principal Place | e of Business | Mailing Address | | | Bill obili odilo bilbi dikib | OHOL IIOH HOL III |
| 3574 SAULS | STARS CT. | 3574 SAULSTARS CT. | | | | |
| SARASOTA | FL 34232 | SARASOTA FL 34232 | | | | |
| | | | | 3. Date Incorporated or Qualified 08/24/1995 | 3a. Date of Last | . Report |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| 21 554 | 15 Fruitville Rd | | uitville Ad | 65-0611040 | > | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.1 | 75 Additional |
| City & State | n | _City & State | | 6. Election Campaign Financing | | e Required |
| 23 Sara | \ [] | 28 Sarasota. | FL | Trust Fund Contribution | T . | .00 May Be ded to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | | s 199.032, |
| 24 5 प्र | 9. Name and Address of Currer | 1 | 30 Sarusota | Florida Statutes 10. Name and Address of New | es No | |
| | g, Name and Address of Corre | it negistered Agent | 81 Name | 10. Name and Address of New | registered Agent | |
| LUTY. I | CHRIS | | | DAN Prewett | -11.3 | |
| LUTY, CHRIS 3574 SAULSTARS ET. 82 Street Ad | | | 82 Street Add | ress (P.O. Box Number is Not Accept | Mid Co L | INIT K |
| | OTA FL 34232 | | 83 | · _ · · · · · · · · · · · · · · · · · · | , | |
| | | | 84 City | · · · · · · · · · · · · · · · · · · · | 85 | Zip Code |
| | | | | crasoth | FL `` ^ | 34235 |
| 11. Pursuant i or register | to the provisions of Spetions 607.0502 red agent or both, in the Stale of Flori ith, and accept the obligations of/Sect | 2 and 607.1508, Florida Statutes, da. Such change was authorized | , the above-named corpo by the corporation's boa | oration submits this statement for the p ard of directors. I hereby accept the ap | aurpose of changing it appointment of register | s registered office red agent. I am |
| | ith, and accept the obligations of Sect | | -71 | | 1/1/56 | |
| SIGNATURE . | A rature typed or purp id name of registered eyent | t and title if applicable (NOTE | N C 1 / Registered Agent signature requir | ed when reinstating) | DATE | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO O | FFICERS AND DIREC | |
| TITLE | D | DELETE | 1.1 TITLE | Pres / Tres/Sec. / PINOCKE | Chang | e 🖪 Addition |
| NAME | LUTY, CHRIS | | 1.2 NAME | Chris Lutz , | | |
| STREET ADDRESS: | 3574 SAULSTARS CT. SARASOTA FL 34232 | | 1.3 STREET ADDRESS | 2560 Logan Rd | 0.7 | |
| CITY-ST-ZIP TITLE | 3ANA301A FL 34232 | DELETE | 1.4 CITY - ST - ZIP 2 1 TITLE | Versice FL 342 | 7 S ☐ Chang | pe |
| NAME | | L] becel | 2 2 NAME | | C Cuture | CRUGILION |
| STREET ADDRESS | | | 22 /4 //// | | | |
| CITY-ST-ZIP | | | 2.3 STREET ADDRESS | | | |
| | Ť | | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | |
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| TITLE NAME | | ☐ DELETE | 2 4 CITY-ST-ZIP | | Chang | e Addition |
| | | ☐ DELETE | 2 4 CITY-ST-ZIP 3. 1 TITLE | | Chang | ne Addition |
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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 true 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.

941-378-1126