

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000072433 (2)

1. Corporation Name

LAUREL INVESTMENTS, INC.



Principal Place of Business

LAUREL PARK
801 HWY. 27 SOUTH
LAKE WALES FL 33853

Mailing Address

LAUREL PARK
801 HWY. 27 SOUTH
LAKE WALES FL 33853

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HASTINGS, LAURA
LAUREL PARK, LOT 22
801 HWY. 27 SOUTH
LAKE WALES FL 33853

3. Date Incorporated or Qualified
09/18/1995

3a. Date of Last Report

4. FEI Number

59-3364100

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature (Typed or Printed Name of Signer) (Typed or Printed Name of Signer)

Signature (Typed or Printed Name of Signer) (Typed or Printed Name of Signer)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

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STREET ADDRESS
CITY - ST - ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3. TITLE
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5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

CO-PRESIDENT
RICHARD J WALLACE
715 AMBUR COVE WAY
LAWRENCEVILLE GA 30243-6651

CO-PRESIDENT
BILL A WINANS
6030 E STATE BLVD
FORT WAYNE IND 46819

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 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: *Richard J. Wallace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

770.682.3651