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FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000075240 (8)

1. Corporation Name
LASER ELECTRIC, INC.

Principal Place of Business

2021 EAST AVENUE
PANAMA CITY FL 32404

Mailing Address

2021 EAST AVENUE
PANAMA CITY FL 32405-6251



2. Principal Place of Business

21 1923 EAST AVE
Suite, Apt. #, etc.

22 City & State

23 PANAMA CITY, FL
Zip Country

24 32405

2a. Mailing Address

26 PO BOX 35305
Suite, Apt. #, etc.

27 City & State

28 PANAMA CITY, FL
Zip Country

29 32405-6251

9. Name and Address of Current Registered Agent

ABRAMS, GREG
2021 EAST AVENUE
PANAMA CITY FL 32404

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3337919

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 607.0102 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 understand with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature required for corporation or person authorized to act on behalf of corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	D ABRAMS, GREG	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	2021 EAST AVENUE	
12.3	CITY-ST-ZIP	PANAMA CITY FL 32404	
12.4	NAME	D FENWICK, CURTIS L	<input type="checkbox"/> DELETE
12.5	STREET ADDRESS	718 PINE FOREST	
12.6	CITY-ST-ZIP	LYNN HAVEN FL 32444	
12.7	NAME		<input type="checkbox"/> DELETE
12.8	STREET ADDRESS		
12.9	CITY-ST-ZIP		
12.10	NAME		<input type="checkbox"/> DELETE
12.11	STREET ADDRESS		
12.12	CITY-ST-ZIP		
12.13	NAME		<input type="checkbox"/> DELETE
12.14	STREET ADDRESS		
12.15	CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-ST-ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-ST-ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-ST-ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-ST-ZIP	

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 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 change of, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED AGENT

0052494

CR2E034 (9/96)