

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000081850 (6)

1. Corporation Name

LENCOL GSE GROUP, INC.



Principal Place of Business

4190 BEN DURRANCE ROAD
BARTOW FL 33830

Mailing Address

POST OFFICE BOX 2509
WINTER HAVEN FL 33883-2509

3. Date Incorporated or Qualified
10/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 293 HERNANDO DRIVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 WINTER HAVEN, FLORIDA

28

Zip

Country

Zip

Country

24 33884

25

USA

29

30

4. FEI Number

59-3338783

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, STEPHEN D
4190 BEN DURRANCE ROAD
BARTOW FL 33830

81 Name

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

293 HERNANDO DRIVE

83

84 City WINTER HAVEN

FL

85 Zip Code
33884

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 of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D COLEMAN, STEPHEN D
STREET ADDRESS
4190 BEN DURRANCE ROAD
CITY-ST-ZIP
BARTOW FL 33830

TITLE ☐ DELETE

NAME
D LEONARD, WARREN C
STREET ADDRESS
4190 BEN DURRANCE ROAD
CITY-ST-ZIP
BARTOW FL 33830

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN D. COLEMAN

March 13/1996

(941) 324-2704

CR2E034 (12/95)