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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000082665 (7)

LAURA GRIFFIN, INC.

					<u> </u>		
Principal Place of Business Mailing Address					I FORTURAL TIM POLOT OTHER COLLS	111 W W 171 W W 1801 I W 180 I B 180 I W	E415A A1101 A111 1884
2102 BYRON RD. WINTER PARK FL 32792		2102 BYRON RD. WINTER PARK FL 32792					
					Date Incorporated or Qualified	3a. Date of Last I	Report
				_	10/27/1995		·
2. Principal Pla		2a. Mailing Address	parl C	22	4. FEI Number	×	Applied For
21 2100			eon 1	74.			Not Applicable
Suite, Apt. #	7, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State 28 (U) W EV	nek	FiA	6. Election Campaign Financing Trust Fund Contribution	11 ''	OO May Be ed to Fees
7ip 24 327	92 25 Olynge	29 32797	Country 30	1	8. This corporation has liability for in Florida Statutes Yes		199.032,
	9. Name and Address of Curren	it Registered Agent		.,	10. Name and Address of New R	egistered Agent	
			81	Name			
WOLLETT, FRANKLYN J				82 Street Address (P.O. Box Number is Not Acceptable)			
2790 SUNSET POINT RD. CLEARWATER FL 34619			83			·	
CLEAN	IWAIEN PL 34619						<u> </u>
•			84	City		FL 85 7	ip Code
or registere familiar wit SIGNATURE _	ed agent, or both, in the State of Floridh, and accept the obligations of, Sect	da. Such change was authorize ion 607.0505, Florida Statutes.	d by the con	poration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	bintment as registere	registered office d agent. I am
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	nt signature require	ADDITIONS/CHANGES TO OFF	DATE.	ORS IN 12
TITLE	PSTD	☐ DELETE				☐ Change	
NAME	MOELLER, LAURA		1.2 NAME				
STREET ADDRESS	2102 BYRON RD.		1.3 STREE	T ADDRESS			
CITY-S1-ZIP	WINTER PARK FL 32792		1.4 CITY-	ST-ZIP			
TITLE		· DELETE	2. 1 TITLE			Change	Addition
NAME			2.2 NAME	T ADDDEGG			
STREET ADDRESS			2.4 CITY-	T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3. 1 TITLE	31-21		Change	Addition
NAME		west	3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4 CITY-			···	
TITLE		☐ DELETE	4. 1 TITLE	i i		Change	Addition
NAME			4.2 NAME	i i	40000180	02594	•
STREET ADDRESS				T ADDRESS	40000180 -05/01/96010	18007	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5. 1 TITLE		***2 00,00 -	☐ Change	☐ Addition
NAME			5.2 NAME	1			<u> </u>
STREET AODRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	1			
THILE		☐ DELETE	6. 1 TITLE			☐ Change	Addition
NAME			6.2 NAME				NEB
STREET ADDRESS			6.3 STREE	T ADDRESS			The Co
CITY - ST - ZIP			6 4 CITY-	ST-ZIP			4-30-16

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 3 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/9(

Daytone Phone #

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