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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000002586 (1)**
1. Corporation Name
R. C. LAUSER, INC.

Principal Place of Business
11501 114TH AVE N
LARGO FL 34648

Mailing Address
11501 114TH AVE N
LARGO FL 33778-3024

3. Date Incorporated or Qualified **01/04/1996**	**3a.** Date of Last Report

2. Principal Place of Business **21** 455 Ridge Road S.W.	**2a.** Mailing Address **26** 455 Ridge Road S.W.	**4.** FEI Number **69-3353338** ☐ Applied For ☐ Not Applicable
Suite, Apt #, etc **22**	Suite, Apt. #, etc. **27**	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State **23** Largo FL	City & State **28** Largo FL	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip **24** 33770 / Country **25** Pinellas	Zip **29** 33770 / Country **30** Pinellas	**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	
LAUSER, RANDALL C ~~11501 114TH AVE N~~ 455 Ridge Road S.W. ~~LARGO FL 34648~~ 33770	**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 registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstaling)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **LAUSER, RANDALL C**		1.2 NAME Lauser, Randall C	
STREET ADDRESS **11501 114TH AVE N**		1.3 STREET ADDRESS 455 Ridge Road S.W.	
CITY-ST-ZIP **LARGO FL 34648**		1.4 CITY-ST-ZIP Largo FL 33770	
TITLE ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: _____   1/31/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #