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Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600002586 1. Corporation Name R. C. LAUSER, INC. Principal Place of Business Mailing Address 455 RIDGE ROAD SW 455 RIDGE ROAD SW LARGO FL 33770 LARGO FL 33770 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 01/04/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3353338 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Country 8. This corporation owes the current year Intangible □No XX Yes 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAUSER, RANDALL C LAUSER, RANDALL C Street Address (P.O. Box Number is Not Acceptable) 82 **New Address ^{onl}y 11501 114TH AVE N 12842 Lake Orive **LARGO FL 34648** 83 FL 33774-3138 Largo Zip Code 84 City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ DELETE TITLE 11 TM F LAUSER, RANDALL C 1.2 NAME NAME 455 RIDGE ROAD SW 12842@LakesDrive **New Address 1.3 STREET ADDRESS STREET ADORESS LARGO FL <u>Largo FL</u> 33774-3138 only 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-\$T-ZIP ☐ Change [] Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 changed, or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)