

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000020209 (8)

1. Corporation Name

LNAP, INC.

Principal Place of Business

215 NORTH EOLA DRIVE
ORLANDO FL 32801

Mailing Address

215 NORTH EOLA DRIVE
ORLANDO FL 32801-2028



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3366192

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

GOFF, BARRY L
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME SILVERTON, VIVIANNE
STREET ADDRESS 215 NORTH EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

D
NAME THAKKAR, RASESH H
STREET ADDRESS 215 NORTH EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

D
NAME VOSS, JEFFERSON R
STREET ADDRESS 215 NORTH EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

DP
1.2 NAME SILVERTON, VIVIANNE
1.3 STREET ADDRESS 9801 Lake Nona Road
1.4 CITY-ST-ZIP Orlando, Florida 32827

2.1 TITLE ☒ Change ☐ Addition

D
2.2 NAME THAKKAR, RASESH H.
2.3 STREET ADDRESS 9801 Lake Nona Road
2.4 CITY-ST-ZIP Orlando, Florida 32827

3.1 TITLE ☒ Change ☐ Addition

DT V
3.2 NAME VOSS, JEFFERSON R.
3.3 STREET ADDRESS 9801 Lake Nona Road
3.4 CITY-ST-ZIP Orlando, Florida 32827

4.1 TITLE ☐ Change ☒ Addition

VP
4.2 NAME LYON, R. RANDOLPH, JR.
4.3 STREET ADDRESS 9801 Lake Nona Road
4.4 CITY-ST-ZIP Orlando, Florida 32827

5.1 TITLE ☐ Change ☒ Addition

S
5.2 NAME TURPIN, KAREN C.
5.3 STREET ADDRESS 9801 Lake Nona Road
5.4 CITY-ST-ZIP Orlando, Florida 32827

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

K. C. Turpin

SIGNATURE

CR2E034 (9/96)