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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000027315 (6)

1. Corporation Name
LATZANICH SOUTHERN CORP.

Principal Place of Business
1195 WILLOW SPRINGS DRIVE
VENICE FL 34293

Mailing Address
1195 WILLOW SPRINGS DRIVE
VENICE FL 34293-1444



2. Principal Place of Business

2a. Mailing Address

21 853 N. State Rd. 434

26 853 N. State Road 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Altamonte Springs FL

28 Altamonte Springs, FL

Zip

Country

Zip

Country

24 32714

25 USA

29 32714

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/01/1996

3a. Date of Last Report

4. FEI Number

65-0652963

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

LATZANICH, JOHN J
1195 WILLOW SPRINGS DRIVE
VENICE FL 34293

81 Name

Dan Watkins

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

853 N. State Road 434

83

84 City

Altamonte Springs

FL

85 Zip Code

32714

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

Daniel E. Watkins

DANIEL E. WATKINS

4/25/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME
LATZANICH, ROBERT K
STREET ADDRESS
551 POCONO BLVD.
CITY - ST - ZIP
MT. POCONO PA 18344

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.5 TITLE

6.6 STREET ADDRESS

6.7 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.8 TITLE

6.9 STREET ADDRESS

6.10 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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.

ROBERT K. LATZANICH

SIGNATURE:

Robert K. Latzanich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/17/97

941-497-0842

Date

Daytime Phone

CR2E034 (9/96)