

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 23 1998 8:00am  
Secretary of State

DOCUMENT # P96000054111 (5)

1. Corporation Name  
LORTNOC, INC.



Principal Place of Business

Mailing Address

87851 OLD HIGHWAY  
UNIT M-24  
ISLAMORADA FL 33036

87851 OLD HIGHWAY  
UNIT M-24  
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0675300

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIRK, WILLIAM E  
936 SW 38TH COURT  
BOYNTON BEACH FL 33435

81 Name SHIRK, WILLIAM E  
82 Street Address (P.O. Box Number is Not Acceptable)  
87851 OLD HIGHWAY  
UNIT M-24  
83  
84 City ISLAMORADA FL 85 Zip Code 33036

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 *William E Shirk Pres.* 4-17-98

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  
NAME DPT  
STREET ADDRESS SHIRK, WILLIAM E  
CITY-ST-ZIP 936 SW 38TH COURT  
BOYNTON BEACH FL 33435

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME DPT  
1.3 STREET ADDRESS SHIRK, WILLIAM E.  
1.4 CITY-ST-ZIP 936 SW 38TH COURT  
ISLAMORADA FL 33036

TITLE ☐ DELETE  
NAME VS  
STREET ADDRESS SHIRK, JEANNE L  
CITY-ST-ZIP 936 SW 38TH COURT  
BOYNTON BEACH FL 33435

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME VS  
2.3 STREET ADDRESS SHIRK, JEANNE L  
2.4 CITY-ST-ZIP 936 SW 38TH COURT  
ISLAMORADA FL 33036

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 on an attachment with an address.

SIGNATURE: *William E Shirk Pres.* 4/17/98 305-851-8805

CR2E034 (10/97)