

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 13 AM 9:15

DOCUMENT # **PA0000058770**

1. Corporation Name

**LAFAYETTE PROFESSIONAL SERVICES, INC.**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**JULY 12 1996**

2. Principal Place of Business

21 **6722 SYLVAN WOODS DR**

Suite, Apt. #, etc.

22

City & State

23 **SANFORD FL**

Zip

24 **32771**

Country

25 **SEMINOLE**

2a. Mailing Address

26 **P.O. Box 953534**

Suite, Apt. #, etc.

27

City & State

28 **LAKE MARY FL**

Zip

29 **32795**

Country

30 **SEMINOLE**

4. FEI Number

**59-3398047**

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 the current year  
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**A. R. WIRTH  
6722 SYLVAN WOODS DR  
SANFORD FL 32771**

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

*A. R. Wirth*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/12/99**

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE  
NAME **A. R. WIRTH**  
STREET ADDRESS **6722 SYLVAN WOODS DR**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

*A. R. Wirth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/12/99**

CR2E034 (5/99)

2

**LAFAYETTE**  
PROFESSIONAL SERVICES, INC.  
P O BOX 953534, LAKE MARY, FL 32795

Tuesday, October 12, 1999

Katherine Harris  
Secretary of State  
Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Dear Ms. Harris;

As you can see, I am mailing my Annual Report quite late. I am requesting that you reinstate my corporation and waive the \$750.00 reinstatement fee.

I had not received any notice mailed from your office this year.

My address and the address of the corporation changed last May due to a personal hardship. At that time, I was required to find a new residence as well as a new location for the business. The Post Office did not forward your mail.

All of my time was dedicated to those tasks and to maintaining the business operation. Consequently, the required address notification and filing of the annual report form went unnoticed until this time.

I am asking that you favorably consider my request and in doing so greatly assist a small business to avoid further hardship.

I am including a \$150.00 fee along with the report; however, should you deny my appeal, I will abide by your decision and mail the balance due.

Thank you for your assistance in this matter.

Sincerely,



A. R. WIRTH  
CB-C058128