

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

FILED

Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064348 (1)**

1. Corporation Name  
**SIR LAG'S, INC.**



Principal Place of Business

**2003-B NO. 15TH AVENUE  
PENSACOLA FL 32503**

Mailing Address

**2003-B NO. 15TH AVENUE  
PENSACOLA FL 32503-5307**

2. Principal Place of Business

21 **312 E. Gov't St 32501**  
Suite, Apt. #, etc.

22 **PENSACOLA, FL**  
City & State

23

24 **32501**  
Zip

Country

25 **FLORIDA**

2a. Mailing Address

26 **312 E. Gov't St**  
Suite, Apt. #, etc.

27 **PENSACOLA, FL**  
City & State

28

29 **32501**  
Zip

Country

30 **FLORIDA**

3. Date Incorporated or Qualified

**07/31/1996**

3a. Date of Last Report

**NONE**

4. FFI Number

**59-3393200**

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

10. Name and Address of New Registered Agent

**GANDY, LUTHER  
2003-B NO. 15TH AVENUE  
PENSACOLA FL 32503**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**  
NAME **THOMAS, LARRY W**  
STREET ADDRESS **1800 N. 15TH AVENUE**  
CITY-ST-ZIP **PENSACOLA FL 32501**

☐ DELETE

TITLE **VSD**  
NAME **THOMAS, SHEILA T**  
STREET ADDRESS **1800 NORTH 15TH AVENUE**  
CITY-ST-ZIP **PENSACOLA FL 32501**

☐ DELETE

TITLE **TD**  
NAME **GANDY, LUTHER A**  
STREET ADDRESS **2003-B NO. 15TH AVENUE**  
CITY-ST-ZIP **PENSACOLA FL 32503**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

**L. A. Gandy**

**3/30/97 (904) 469-0118**

CP2E034 (9/96)