

FILE NOW: FILING FEE AFTER MAY 1 IS

PROFIT-  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPA  
Sandra  
Secr  
DIVISION OF C

FILED  
May 22 1997 8:00am  
Secretary of State

DOCUMENT # P96000076398 (2)

1. Corporation Name

LANG & ASSOCIATES, INC.

Principal Place of Business

1203 NORTH ORANGE AVENUE  
ORLANDO FL 32804

Mailing Address

1203 NORTH ORANGE AVENUE  
ORLANDO FL 32804-6408



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/13/1996

3a. Date of Last Report

4. FEI Number

59 3403515

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

HUMPHRIES, J G  
201 EAST PINE STREET #701  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

HUMPHRIES, GREGORY

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

1010 N ORANGE AVE # 1002

83

84 City

Orlando

FL

85 Zip Code

32801

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 607.0605, Florida Statutes.

SIGNATURE

*[Signature]*

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LANG, STEPHEN T  
CITY-ST-ZIP 1203 NORTH ORANGE AVENUE  
ORLANDO FL 32804

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 address.

SIGNATURE:

SIGNATURE REQUIRED

*[Signature]*

Date

Daytime Phone

3-8-97

407-895-6209

0006212

CR2E034 (9/96)