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Apr 18 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 # **P96000099306 (8)**

1. Corporation Name
L & T CONSULTING, INC.

Principal Place of Business	Mailing Address
1063 N HARBOR DRIVE DELTONA FL 32725	1063 N HARBOR DRIVE DELTONA FL 32725-9039

3. Date Incorporated or Qualified: 11/22/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 404 4th COURT
22: Suite, Apt. #, etc.
23: City & State: FROSTPROOF, FLA
24: Zip: 33843
25: Country: POLK

2a. Mailing Address
26: 404 4th COURT
27: Suite, Apt. #, etc.
28: City & State: FROSTPROOF, FLA
29: Zip: 33843
30: Country: POLK

4. FEI Number: 59-343-5423 ☐ 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

LIGON, JOHN P
1063 N HARBOR DRIVE
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name: CHARLES E. TRUE, JR
82 Street Address (P.O. Box Number is Not Acceptable): 404 4th COURT
83:
84 City: FROSTPROOF FL 85 Zip Code: 33843

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: CHARLES E. TRUE, JR SECTTRES — 4/11/97
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	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHN LIGON		1.2 NAME		
STREET ADDRESS	1063 N HARBOR DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		1.4 CITY-ST-ZIP		
TITLE	V. PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JIM EMERSON		2.2 NAME		
STREET ADDRESS	7210 EAST RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		2.4 CITY-ST-ZIP		
TITLE	SEC/TRES	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES E. TRUE, JR		3.2 NAME		
STREET ADDRESS	404 4th COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF, FL 33843		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: 4/11/97 941-635-9004
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE TELEPHONE NUMBER