

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90042 012 ***150.00

DOCUMENT # P97000000106 ✓

1. Corporation Name
LAURENWOOD CORPORATION

Principal Place of Business

4780 BRITTARY DR S
VILLA 113
ST PETERSBURG FL 33715

Mailing Address

4780 BRITTARY DR S
VILLA 113
ST PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

59-3419745

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 712 W. Jefferson St
Suite, Apt. #, etc.

26 712 W. Jefferson St
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Brooksville, FL
Zip Country

28 Brooksville, FL
Zip Country

24 34601 25 USA

29 34601 30 USA

9. Name and Address of Current Registered Agent

RATLEDGE, JERRY T
4780 BRITTARY DR S
VILLA 113
ST PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name

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

83 712 W. Jefferson St
Apt C

84 City

Brooksville, FL

85 Zip Code

34601

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 Jackie Turner Sr.
Signature, typed or printed name of registered agent and title if applicable.

Jackie Turner Sr
(NOTE: Registered Agent signature required when reinstating)

5/5/99
DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☒ DELETE
NAME RATLEDGE, JERRY T
STREET ADDRESS 4780 BRITTARY DR S
CITY-ST-ZIP ST PETERSBURG FL

TITLE VP ☒ DELETE
NAME RATLEDGE, JEFF T
STREET ADDRESS 311 N RAIFORD ST
CITY-ST-ZIP SELMA NC

TITLE D ☒ DELETE
NAME BURKE, SUSAN E.
STREET ADDRESS 16061 CHEROKEE ROAD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 D/P/T
1.3 STREET ADDRESS Jackie Turner Sr.
1.4 CITY-ST-ZIP 712 W. Jefferson St Apt C

2.1 TITLE Brooksville, FL 34601 ☐ Change ☒ Addition
2.2 NAME D/Vp/S
2.3 STREET ADDRESS X&X& Catherine A. Wood
2.4 CITY-ST-ZIP 712 W. Jefferson St Apt C

3.1 TITLE Brooksville, FL 34601 ☐ 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, with all other like empowered.

SIGNATURE: Jackie Turner Sr. Jackie Turner Sr 5/5/99 352-544-5550
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)

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