

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90027 044 ***150.00

DOCUMENT # P97000012790

1. Corporation Name
LARB, INC.

Principal Place of Business
8050 SEMINOLE OFFICE CENTER
#322
SEMINOLE FL 33772

Mailing Address
P.O. BOX 3516
SEMINOLE FL 33775

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/05/1997

4. FEI Number
59-3427071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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 12588-CAPRI Cir. N.

26 Suite, Apt. #, etc.

22 City & State
TREASURE ISLAND, FLA

27 City & State

23 Zip 33706 Country

28 Zip Country

9. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BLVD
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name BEA BEATTY
82 Street Address (P.O. Box Number is Not Acceptable)
12588-CAPRI CIRCLE N.
83 TREASURE ISLAND
84 City FL 85 Zip Code 33706

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 *Bea Beatty*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-26-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME ROTHMAN, SHELDON L
STREET ADDRESS 8001 STIMIE AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME BEA BEATTY
1.3 STREET ADDRESS 12588-CAPRI Cir. N.
1.4 CITY-ST-ZIP TREASURE IS. FLA 33706

TITLE D ☐ DELETE
NAME BEATTY, STEVEN
STREET ADDRESS 1 MANGROVE POINTE
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

2.1 TITLE V+S ☒ Change ☐ Addition
2.2 NAME STEVEN BEATTY
2.3 STREET ADDRESS 1-MANGROVE POINTE
2.4 CITY-ST-ZIP ST PETE BEACH, FLA 33706

TITLE D ☒ DELETE
NAME BIEGELSEN, LESLIE ROTHMAN
STREET ADDRESS 5256 WYNTERHALL DR
CITY-ST-ZIP DUNWOODY GA 30338

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME FRANCESCA BEATTY
3.3 STREET ADDRESS 1-MANGROVE POINTE
3.4 CITY-ST-ZIP ST. PETE BEACH, FLA 33706

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Bea Beatty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-99

727-363-3626

CR2E034 (1/1/98)