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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90017 045 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000040661

STREET ADDRESS

L AND G COMPUTER SOLUTIONS, INC.

Principal Plac	ce of Business	Mailing Address		, 10011001 119 10111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111	s.s., 25:12 St.14 S.15: (16: 152)
3213 LAS BRIS		3213 LAS BRISAS DRIVE			
RIVERVIEW FL 33569 US RIVERVIEW FL 33569 US				DO NOT WRITE IN TH	IS SPACE
US US				3. Date Incorporated or Qualifed	IS SPACE
	<u> </u>			05/06/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3451825	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	□Yes XXNo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
GAI	rdner, John W Esquire		81 Name		
128 WEST ROBERTSON STREET			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	المحاوم ومروم والمحاربين والمحاول المحارم والمحاوات
BRA	ANDON FL 33511		83	· · · · · · · · · · · · · · · · · · ·	自動發音器類階值
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
			84 City	F	L as zip code
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOWNS, M. LAVAUGHN		1.2 NAME	• • •	
STREET ADDRESS	0040 1'40 DDIO40 DDBIT				
CITY-ST-ZIP	RIVERVIEW FL 33569		1.3 STREET ADDRESS		
TITLE	D .		1.3 STREET ADDRESS		
NAME	1	☐ DELETE			. Change Addition
STREET ADDRESS	DOWNS, GARRY R	☐ DELETE	1.4 CITY-ST-ZIP	,·	☐ Change ☐ Addition
SINLLIADUNES	DOWNS, GARRY R 3213 L'AS BRISAS DRIVE	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP	3213 LAS BRISAS DRIVE	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
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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 the empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP