

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000060887 (1)

1. Corporation Name

THE LAROUX COMPANY, INC.

Principal Place of Business

10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

Mailing Address

10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

2. Principal Place of Business

21 10238 Atlantic Blvd.

Suite, Apt. #, etc.

22 City & State
23 Jacksonville, FL

24 Zip 32225 Country Duval

25a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MORGAN, ROBERT M
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

81 Name

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

83

84 City

FL 85 Zip Code

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

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	Vice President	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delorus Strub		1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14019 Beach Blvd.		1.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	Jax, FL 32250		1.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delorus Strub		2.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14019 Beach Blvd.		2.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	Jax, FL 32250		2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	President	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Strub f/k/a Margaret Leroux		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14019 Beach Blvd.		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	Jax, FL 32250		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Secretary	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Strub f/k/a Margaret Leroux		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14019 Beach Blvd.		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	Jax, FL 32250		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

FILED
May 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

59-3479210

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

CR2E034 (10/97)