

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065010

1. Entity Name
LAGNIAPPE, INC.

Principal Place of Business
131 OLD PENIEL ROAD
PALATKA FL 32177

Mailing Address

RT 5, BOX 6840
131 OLD PENIEL Rd.
PALATKA FL 32177 - 7884

2. Principal Place of Business

3. Mailing Address

131 OLD PENIEL Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALATKA, FL

4. FEI Number

59-3474832

Applied For

Not Applicable

Zip

Country

Zip

Country

32177-7884 USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, TANCE E
501 ST. JOHNS AVE.
PALATKA FL 32177

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WOLFENDEN, JOHN W RT 5, BOX 6840 PALATKA FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WOLFENDEN, JOHN W. 131 OLD PENIEL Rd. PALATKA, FL 32177 - 7884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WOLFENDEN, KRYSTYNA F RT 5, BOX 6840 PALATKA FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WOLFENDEN, KRYSTYNA F. 131 OLD PENIEL Rd. PALATKA, FL 32177 - 7884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Krystyna F. Wolfenden* Krystyna F. Wolfenden 5 Jan 01 904-328-6364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)