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

PROFIT CORPORATION ANNUAL REPORT

1999

L & G SYSTEMS, INC.



DOCUMENT # P9700080287

1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State Secretary of State

04-28-1999 90037 044 ***150.00



Principal Place of Business Mailing Address									
3146 FIESTA D DUNEDIN FL 3		3146 FIESTA DR DUNEDIN FL 34698				DO NOT WRITE IN T	HS SPACE	<u>:</u>	
						3. Date Incorporated or Qualifed		_	
						09/16/1997		,	
2. Principa P	lace of Business	2a. Mailing Address				4. FEI Number			ed For
21		26				59-3468274			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional quired
City & S at	e	City & State			-	6. Electio i Campaign Financing Trust Fund Contribution			May Be Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	Intangible		1
24	25	25 29				Personal Property Tax.	☐ Yes		No
	9. Name and Address of Curre	nt Registered Agent		L		10. Name and Address of New Register	ed Agent		
1426	ODE LEGUE A			81	Name				
	ORE, LESLIE A B FIESTA DR			82	Street Ace	dress (P.O. Box Number is Not Acceptable)			
	IEDIN FL 34698			83					
							100	7:- 6	
				84	City	F	EL 85	Zip C	лае
office crr	to the provisions of Sections 607.05 registered agent, or bo h, in the State im familiar with, and accept the oblig	ert Florida. Such change was	∷iuthorize	d by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changin cointment a	g its as rec	r∋gistered stered
SIGNATUFE									
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	. Registere	d Agen	t signature requ	red when reinstating) DATE			
12.		N() DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1,1	FITLE			☐ Cha	nge	☐ Addition
NAME	MOORE, LESLIE A		121	VAME					
STREET ADDRESS	4		1.3 STRE		ADDRESS				
CITY-ST-ZIP	DUNEDIN FL 34698			CITY-S	T-ZIP				
TITLE	VSTD	☐ DELETE	2.1	TITLE			Cha	nge	☐ Addition
NAME	MOORE, GWENDOLINE A			NAME					
STREET ADDRESS			2.3	STREET	ADDRESS				İ
CITY-ST-ZIP	DUNEDIN FL 34698			2. 4 CITY-ST-ZIP					- Addition
TITLE		☐ DELETE		TITLE			Cha	inge	☐ Addition
NAME			- 6	NAME	Ì				}
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP				Addition
TITLE		DELETÉ		TITLE	ŀ		Cha	nye	Addition
NAME			1	NAME					·
STREET ADDRESS			1		ADDRESS				ì
CITY-ST-ZIP				CITY-S	T-ZIP				T Addison
TITLE		☐ DELETE		TITLE	ĺ		Cha	ııye	☐ Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S	1-ZIP				Addition
TITLE		☐ DELETE		TITLE			☐ Cha	urye	☐ Addition
NAME				NAME					
STREET ADDRESS			6.3	SIKEE	ADDRESS				

14. Herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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: X SIGNATURE AND TYPED O

727-786-7352.