

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000097228 (5)
1. Corporation Name

LA FLOR RESOURCES, INC.

Principal Place of Business	Mailing Address
305 MEARS BLVD. OLDSMAR, FL 34677	P.O. BOX 12207 OLDSMAR, FL 34677-0207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WHITACRE, KOY L
305 MEARS BLVD
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

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

Koy L. Whitacre

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, CHRISTOPHER R	1.2 NAME	MALLET, SPENCER
STREET ADDRESS	2775 TASHA DRIVE	1.3 STREET ADDRESS	305 MEARS BLVD
CITY-ST-ZIP	CLEARWATER, FL 34621	1.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP & T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITACRE, KOY	2.2 NAME	WHITACRE, KOY L
STREET ADDRESS	2775 TASHA DRIVE	2.3 STREET ADDRESS	305 MEARS BLVD
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, LEWIS A	3.2 NAME	BOLDS, RICHARD A.
STREET ADDRESS	2775 TASHA DRIVE	3.3 STREET ADDRESS	305 MEARS BLVD
CITY-ST-ZIP	CLEARWATER FL 34621	3.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WHITACRE, JUDITH D.
STREET ADDRESS		4.3 STREET ADDRESS	305 MEARS BLVD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(c), 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.

SIGNATURE: Koy L. Whitacre, *Koy L. Whitacre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/98

Date

(813) 854-5711

Daytime phone #

CR2E034 (10/97)