

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90293 037 ***150.00

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DOCUMENT # P98000016532

1. Corporation Name
L C PROCESSING SERVICES INC.

Principal Place of Business
250 E. MADEIRA AVE.
MADEIRA BEACH FL 33708

Mailing Address
250 E. MADEIRA AVE.
MADEIRA BEACH FL 33708



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1998

2. Principal Place of Business

21 7400 Sun Island Dr. S.

Suite, Apt. #, etc.

22 UNIT 110

City & State

23 S. Pasadena, FL

Zip

24 33707

Country

25 Pinellas

2a. Mailing Address

26 7400 Sun Island Dr. S.

Suite, Apt. #, etc.

27 UNIT 110

City & State

28 S. Pasadena, FL

Zip

29 33707

Country

30 Pinellas

4. FEI Number

59-3491577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CASSITY, LORETTA
250 E. MADEIRA AVE.
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name

Loretta Cassity

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

7400 Sun Island Dr. S., Unit 110

83

84 City

S. Pasadena

FL

85 Zip Code

33707

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

TITLE D ☐ DELETE

NAME CASSITY, LORETTA
STREET ADDRESS 250 E. MADEIRA AVE.
CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Loretta Cassity ☒ Change ☐ Addition

1.2 NAME 7400 Sun Island Dr. S., Unit 110

1.3 STREET ADDRESS S. Pasadena, FL 33707

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta Cassity 01/6/99 727-363-7148

Date

Daytime Phone #

CR2E034 (11/98)