

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90021 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000043123

1. Corporation Name  
**LAUTCO, INC.**



Principal Place of Business: COLONIAL PINES MOBILE ESTATES, 2101 COLONIAL AVE, NAVARRE FL 32566  
 Mailing Address: COLONIAL PINES MOBILE ESTATES, 2101 COLONIAL AVE, NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1998  
 4. FEI Number: 59-3558308  
 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:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CAMPBELL, JAMES S**  
**BEGGS AND LANE**  
**3 W GARDEN ST, SUITE 700**  
**PENSACOLA FL 32501**

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D P T	<input type="checkbox"/> DELETE
NAME	LAUTERBACH, GEORGE M	
STREET ADDRESS	650 DOESKIN TRAIL	
CITY-ST-ZIP	SANTA MARIA CA 93455	
TITLE	D V P S	<input type="checkbox"/> DELETE
NAME	LAUTERBACH, BARBARA A	
STREET ADDRESS	650 DOESKIN TRAIL	
CITY-ST-ZIP	SANTA MARIA CA 93455	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: George M. Lauterbach 7/12/99 805-937-1965  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0114594

CR2E034 (5/99)

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# LAUTCO INC.

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650 DOESKIN TRAIL  
SANTA MARIA, CA 93455  
TELEPHONE (805) 937-1965  
FAX (805) 937-1965

GEORGE M. LAUTERBACH  
PRESIDENT

2101 COLONIAL AVENUE  
NAVARRE, FL 32566  
TELEPHONE (904) 939-2389

596401-90021-38  
P98 000043123

12 July 1999

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear sir,

We have just received your request for a Corporation Annual Report. Your request is stamped "2<sup>nd</sup> Notice", however this is the first notice we have received.

Our Partnership was converted to a Corporation on 13 May 1998, and this is the first time we have been notified that we must file an Annual Report.

For these reasons we are submitting our annual report and the normal filing fee. In view of the above reasons we request that you waive the penalty fee.

Thank you for your consideration and please call or FAX us if you have any questions.

Sincerely,

  
George M. Lauterbach  
President