

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  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90050 013 \*\*\*150.00

DOCUMENT # P98000044300

1. Corporation Name  
LARSEN, INC.

Principal Place of Business  
970 85TH AVENUE NORTH #115  
ST. PETERSBURG FL 33702

Mailing Address  
970 85TH AVENUE NORTH #115  
ST. PETERSBURG FL 33702



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/15/1998

4. FEI Number  
59-3525802

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 307 FULTON ST.

2a. Mailing Address

26 5916 RIVERLAWN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LARGO FL

City & State

28 HOLIDAY FL

Zip

24 33771

Country

25 Pinellas

Zip

29 34690

Country

30 FLARCO

9. Name and Address of Current Registered Agent

MANEY, RICHARD H  
RICHARD MANEY & ASSOCIATES, P.A.  
101 EAST KENNEDY BOULEVARD #3170  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name TERRY PING  
82 Street Address (P.O. Box Number is Not Acceptable)  
5916 RIVERLAWN CT  
83  
84 City HOLIDAY FL 85 Zip Code 34690

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 Terry O. Ping TERRY O. PING 1-19-99  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	LARSEN, NELLY V	970 85TH AVENUE NORTH #115	ST. PETERSBURG FL 33702	<input type="checkbox"/>
V	POZNA, JASNA	970 85TH AVENUE NORTH #115	ST. PETERSBURG FL 33702	<input type="checkbox"/>
ST	PING, TERRY	970 85TH AVENUE NORTH #115	ST. PETERSBURG FL 33702	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		5916 RIVERLAWN CT	HOLIDAY FL 34690	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		5916 RIVERLAWN CT	HOLIDAY FL 34690	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		5916 RIVERLAWN CT	HOLIDAY FL 34690	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: Terry O. Ping TERRY O. PING SEC/TREAS 1-19-99 813-849-1073  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)