


AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90006 030 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000046043</b>					
1. Corporation Name <b>LA-BOND, INC.</b>					
Principal Place of Business 12854 JEBB ISLAND CIRCLE SOUTH JACKSONVILLE FL 32224			Mailing Address 12854 JEBB ISLAND CIRCLE SOUTH JACKSONVILLE FL 32224		
2. Principal Place of Business 21		2a. Mailing Address 26 <b>1913 Art Museum Drive</b>		3. Date Incorporated or Qualified <b>05/20/1998</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 <b>OFFICE</b>		4. FEI Number <b>59-3515988</b>	
City & State 23		City & State 28 <b>Jacksonville Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24		Zip 25 <b>32207</b>		6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 25		Country 29		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LATSHAW, JOHN H JR.</b> <b>3010 SOUTH THIRD STREET</b> <b>JACKSONVILLE BEACH FL 32250</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>Loren Kivo</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>7-22-99</b>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEMMON, STEVEN H		1.2 NAME		
STREET ADDRESS	12854 JEBB ISLAND CIRCLE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEMMON, KAY M		2.2 NAME		
STREET ADDRESS	12854 JEBB ISLAND CIRCLE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIBO, LOREN		3.2 NAME	<b>KIVO, LOREN</b>	
STREET ADDRESS	12854 JEBB ISLAND CIRCLE SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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)(l), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Loren Kivo</i> <b>SIGNATURE REQUIRED</b> <b>8-5-99</b> <b>904-396-7878</b>					

CR2E034 (5/99)