

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000067042

1. Corporation Name

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90005 001 \*\*\*150.00

LARRY L	.amaina enterprises, in	C.					
Principal Place	e of Business	Mailing Address				4 18811881 118 18181 18111 Satt mitte mitte Bate beter beter beter mitte f	
3984 E. LAKE HERNANDO LANE 3984 E. LAKE HERNANDO L							
HERNANDO FL 34442 HERNANDO FL 34442						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						07/23/1998	
2 Principal P	lace of Business	2a. Mailing Address				4 FEI Number Applied Fo	
_ `	lace of Dusiness	26		مديد ـ		-65-0855-3-7-9 Not Applied	
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 Additions	al
22		27	·]			5. Certificate of Status Desired Fee Required	
City & State	е .	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	J
23		28				Trust Fund Contribution Added to Fees	
Zip Country		<b>├</b>	Zip Count			8. This corporation owes the current year Intangible Personal Property Tax.	
24		25 29 30				Total Control of the	
	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New Registered Agent	
LAM	AINA, LARRY						
3984 E. LAKE HERNANDO LANE				82 Street Addres		ss (P.O. Box Number is Not Acceptable)	1
HERNANDO FL 34442				83		464	
		•					
ı				84	City	FL 85 Zip Code	. }
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the section of	of Florida. Such change was a	uthorized	d by t	the corporation	ration submits this statement for the purpose of changing its registerer's board of directors. I hereby accept the appointment as registered	ed
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	d Agent	signature required v		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PSTD	☐ DELETE	1.1 TT			☐ Change ☐ Ad	aition
NAME	LAMAINA, LARRY		1.2 N		1		
STREET ADDRESS	P. O. BOX 1441		1,3 \$1		ADDRESS		
CITY-ST-ZIP	HERNANDO FL 34442			TV CT	-ZIP		
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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.

6.4 CITY-ST-ZIP

SIGNATURE: