

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 7:18

DOCUMENT # S34015 (5)

1. Corporation Name

LACEY-KEGLER, INC.

Principal Place of Business

**14341 PORT COMFORT RD
FT MYERS FL 33908**

Mailing Address

**14341 PORT COMFORT RD
FT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/22/1991

3a. Date of Last Report

02/21/1994

4. FEI Number

65-0301231

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 1430 Rose Garden Road

2a. Mailing Address

26 1430 Rose Garden Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Cape Coral, FL

28 Cape Coral, FL

Zip

Country

Zip

Country

24 33914

25 Lee

29 33914

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LACEY, JOAN C.
152 SW 54 ST
CAPE CORAL FL 33914**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	LACEY, JOAN C.
STREET ADDRESS	152 SW 54 ST
CITY - ST - ZIP	CAPE CORAL FL
TITLE	VSD
NAME	KEGLER, EARL G.
STREET ADDRESS	POB 1504
CITY - ST - ZIP	SANIBEL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VSD
2.3 STREET ADDRESS	Kegler, Earl G.
2.4 CITY - ST - ZIP	13670-3 Abbey Drive
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	Fort Myers, FL 33919
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 do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Joan C. Lacey

Joan C. Lacey

3/29/95

813/540-8050