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**

DOCUMENT # S66327 1. Corporation Name

LASH CUSTOM HOMES, INC.

FILED Jan 22, 1999 8:00am Secretary of State 01-22-1999 90070 050 ***150.00



Principal Plac	ce of Business	Mailing Address	 		t dense dense dense dense dense toda
		3324 W.UNIVERSITY AVE. GAINESVILLE FL 32607 US		DO NOT WRITE IN TH	IS SPACE
				3. Date incorporated or Qualified 07/16/1991	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		<u> 59-3075032</u>	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip . 3	Country	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
Name					
LASH, SUSAN D. 2606 N.W. 58TH BLVD.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32606			83		
			84 City		los I 7:- Codo
	. e		G4 City	F	L 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					
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	LASH, ROBERT A	C) 524412	1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		Change Addition
NAME	LASH, SUSAN D		2.2 NAME		
STREET ADDRESS	2606 N.W. 58TH BLVD.	!	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		1
STREET ADDRESS					
CITY-ST-ZIP	<u></u>		3.3 STREET ADDRESS		
TITLE			3.4. CITY-ST-ZIP		
NAME		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
7		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
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6.4 CITY-ST-ZIP 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.

SIGNATURE:

SGNATURE REQUIPED ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)