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

APPROVED AND FILED

95 APR -7 AM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V52800** **(2)**

1. Corporation Name
L. & M. ENTERPRISES OF VERO, INC.

Principal Place of Business	Mailing Address
1460 PELICAN LANE **VERO BEACH FL 32963**	**1460 PELICAN LANE** **VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/23/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt # etc. — 22
Suite, Apt #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **65-0356232** ☐ 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

9. Name and Address of Current Registered Agent

SEAGRIST, LAWRENCE
2122 58TH ~~ST.~~ AVE.
VERO BEACH FL 32966

10. Name and Address of New Registered Agent

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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not printed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SEAGRIST, LAWRENCE	12 NAME	
STREET ADDRESS	1460 PELICAN LANE	13 STREET ADDRESS	
CITY ST ZIP	VERO BEACH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☑ Change ☐ Addition VICE PRESIDENT.
NAME	FURINO, FRANK	22 NAME	LAWRENCE SEAGRIST
STREET ADDRESS	331 LEGEND TRAIL	23 STREET ADDRESS	1460 PELICAN LANE
CITY ST ZIP	VERO BEACH FL	24 CITY ST ZIP	VERO BEACH, FL. 32963
TITLE	SD	31 TITLE	☑ Change ☐ Addition SECRETARY
NAME	FURINO, BENJAMIN	32 NAME	MARY JO SEAGRIST
STREET ADDRESS	3115 MARINERS WAY	33 STREET ADDRESS	1460 PELICAN LANE
CITY ST ZIP	VERO BEACH FL	34 CITY ST ZIP	VERO BEACH, FL 32963
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SEAGRIST, MARY JO	42 NAME	
STREET ADDRESS	1460 PELICAN LANE	43 STREET ADDRESS	
CITY ST ZIP	VERO BEACH FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: ✓ _____ Lawrence Seagrist, Pres. ✓ 4/4/95 563-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0072874 CP