

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V53756 (5)

1. Corporation Name

LADSGAR, INC.



Principal Place of Business

**12799 HOMOSASSA RIVER
HOMOSASSA FL 34448**

Mailing Address

**P.O. BOX 840
HOMOSASSA FL 34487-0840**

3. Date Incorporated or Qualified

07/28/1992

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3135030

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

**RAGSDALE, DAN W.
12799 HOMOSASSA RIVER
HOMOSASSA FL 34448**

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 607.1503, 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 the corporation

(If 1011 Registered Agent Signature required, check this box)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☒ DELETE
NAME **RAGSDALE, LUCY A.**
STREET ADDRESS **P.O. BOX 840** N/A
CITY-ST-ZIP **HOMOSASSA FL 34487-0840**

TITLE **VS** ☐ DELETE
NAME **RAGSDALE, DAN W.**
STREET ADDRESS **P O BOX 840 N/A**
CITY-ST-ZIP **HOMOSASSA FL**

TITLE **D** ☐ DELETE
NAME **BEALE, CHARLES ROBERT (BOB)**
STREET ADDRESS **P.O. BOX 840** N/A
CITY-ST-ZIP **HOMOSASSA FL 34487-0840**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **RAGSDALE, DAN W.**
1.3 STREET ADDRESS **P. O. BOX 840 N/A**
1.4 CITY-ST-ZIP **HOMOSASSA FL 34487-0840**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **THIS OFFICE IS VACATED**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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

Dan W. Ragsdale

DAN W. RAGSDALE

4-28-96

Date

Daytime Phone #

CR2E034 (12/95)