

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 JAN 18 PM 3:16

DOCUMENT # V54556

(8)

1. Corporation Name

LARSON VENTURES, INC.

Principal Place of Business

501-6 HWY 99, E.
DESTIN FL 32541
US

Mailing Address

P.O. BOX 5435, N/A
DESTIN FL 32540
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1992

3a. Date of Last Report

03/29/1994

2. Principal Place of Business

21 3997 INDIAN TR

2a. Mailing Address

25 PO Box 02

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

23 DESTIN, FL

27 City & State

28

24 Zip

25 32541

Country

26 USA

29 Zip

30

Country

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

LARSON, ALLAN T.
3997 INDIAN TR.
DESTIN FL 32541

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

(Signature of person named in Section 607.0509, Florida Statutes)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY ST ZIP
P	LARSON, ALLAN T.	3997 INDIAN TR.	DESTIN FL
ST	LARSON, TERESA A.	3997 INDIAN TR.	DESTIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY ST ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 131.07(3)(b), Florida Statutes. I further certify that the information reflected on this annual report or supplementary 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 registered or bonded agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attached statement with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

P. R. VET

1/10/95

904-654-9164