SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # V62004 (9) LAWARRE INDUSTRIES, INC. Mailing Address Principal Place of Business P.O. BOX 913 P.O. BOX 913 TITUSVILLE FL 32780 TITUSVILLE FL 32780 3a. Date of Last Report 3. Date incorporated or Qualified 06/16/1995 08/27/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3190054 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country  $Z_{ip}$ Country ZID Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAWARRE, NED Street Address (P.O. Box Number is Not Acceptable) 82 3838 S HOPKINS AVE TITUSVILLE FL 32780 83 Zip Code 85 84 City 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typest or people of time or feet decedia just and beent apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME LAWARRE, NED NAME 13 STREET ADDRESS 3838 S. HOPKINS AVE. STREET ADDRESS 1.4 CITY - S1 - ZIP TITUSVILLE FL Change Addition CITY - ST - ZIP 2 1 TIFLE DELETE TITLE LAWARRE, ROBERT W., SR. NAME 2.3 STREET ADDRESS 3838 S. HOPKINS AVE. STREET ADDRESS 2 4 CITY - ST - ZIP TITUSVILLE FL Change Addition City-ST-ZIP DELETE 31 TITLE TITLE 3 2 NAME NAME 3 3 STHEET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TIFLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - \$1 - ZIP Change Addition CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition DITY-ST-ZIP DELETÉ 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

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