SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

FILED

95 JUL -5 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **V64907** **(1)**

1. Corporation Name
L.G. IRVIN BUILDERS, INC.

Principal Place of Business	Mailing Address
105 ORTONA STREET LEHIGH ACRES FL 33936 US	105 ORTONA ST. LEHIGH ACRES FL 33936 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/16/1992**
3a. Date of Last Report: **07/25/1994**
4. FEI Number: **65-0353803** ☐ 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 elected to be exempt from the requirements of Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

ANDREASEN, HENRY M., JR.
6225 PRESIDENTIAL COURT
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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.

12. OFFICERS AND DIRECTORS

D
IRVIN, LAURIDS GARY
105 ORTONA ST.
LEHIGH ACRES FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that my signature shall be a legal and valid electronic signature as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 above, or on an attachment with an address.

SIGNATURE: [signature] 6/28/95 813 368 2924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (3/95)

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