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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90210 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V70165

1. Corporation Name
LAUDCO, INC.

Principal Place of Business

**191 E MILLER AVE
AKRON OH 44301-1344**

Mailing Address

**P O BOX 869
AKRON OH 44309-0869**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1992

4. FEI Number

65-0364138

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

27 Zip Country

9. Name and Address of Current Registered Agent

**VLASSIS, DENNIS K
1415 S FEDERAL HWY
BOYNTON BEACH FL 33435-6003**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
GRAVES, HAROLD E JR
191 E MILLER AVE
AKRON OH 44301-1344**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VSD
GRAVES, S. K
404 CRYSTAL LAKE RD
AKRON OH 44333-1712**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
VLASSIS, DENNIS
8525 BONITA ISLE DR
LAKE WORTH FL 33467-5532**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD
O'NEILL, PATRICK
1825 FAIRLAWN KNOLLS
AKRON OH 44313-5435**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
GRAVES, R S
56 RELAXED CIRCLE
HYPOLUXO FL 33462-6026**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

CD

XX Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PSD

GRAVES, S. KEITH

XX Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**1246 DEARBORN DRIVE
AKRON OH 44313-6722**

XX Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

GRAVES, R. SCOTT

XX Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing 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 of this attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 3, 1999

Date

Daytime Phone #

CR2E034 (11/98)