

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:36

**DOCUMENT # 251278 (8)**

1. Corporation Name  
**L'ABRI CORPORATION**

Principal Place of Business  
**C/O MOUNTAIN LAKE CORPORATION  
2300 ALTERNATE HIGHWAY 27 NORTH  
LAKE WALES FL 33853**

Mailing Address  
**C/O MOUNTAIN LAKE CORPORATION  
2300 ALTERNATE HIGHWAY 27 NORTH  
LAKE WALES FL 33853**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/16/1981** 3a. Date of Last Report **12/20/1994**

4. FEI Number **59-1009057** 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

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

**9. Name and Address of Current Registered Agent**

**MARTIN, ROBERT E  
MOUNTAIN LAKE CORPORATION  
2300 ALTERNATE HIGHWAY 27 NORTH  
LAKE WALES FL 33853**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>WARNER, M. PIERPONT</b>
STREET ADDRESS	<b>#8 MOUNTAIN LAKE</b>
CITY - ST - ZIP	<b>LAKE WALES FL 33859-0832</b>
TITLE	<b>V</b>
NAME	<b>BARCLAY, JOHN JR.</b>
STREET ADDRESS	<b>#8 MOUNTAIN LAKE</b>
CITY - ST - ZIP	<b>LAKE WALES FL 33859-0832</b>
TITLE	<b>ST</b>
NAME	<b>RISLEY, CHARLES W SR.</b>
STREET ADDRESS	<b>#8 MOUNTAIN LAKE</b>
CITY - ST - ZIP	<b>LAKE WALES FL 33859-0832</b>
TITLE	<b>ST</b>
NAME	<b>SHAW, JONATHAN</b>
STREET ADDRESS	<b>#8 Mountain Lake</b>
CITY - ST - ZIP	<b>Lake Wales, FL. 33859-0832</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *M. Pierpont Warner*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**M. PIERPONT WARNER**