

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000037710

1. Corporation Name
LABELLE LASER SERVICES, INC.

Principal Place of Business
3100 WOOD'S WAY #2
GULF BREEZE FL 32561

Mailing Address
3100 WOOD'S WAY #2
GULF BREEZE FL 32561

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90033 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1998

2. Principal Place of Business
21 GULF BREEZE FL.
Suite, Apt. #, etc.
22 1158 BELDEN LANE
City & State
23 GULF BREEZE FL.
Zip Country
24 32561 25 SANTA ROSA 29 32561 30 SANTA ROSA

2a. Mailing Address
26 1158 BELDEN LANE
Suite, Apt. #, etc.
27
City & State
28 GULF BREEZE FL.
Zip Country
29 32561 30 SANTA ROSA

4. FEI Number
59-3523307
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

9. Name and Address of Current Registered Agent

LABELLE, JOHN
3100 WOOD'S WAY #2
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name
LABELLE JOHN
82 Street Address (P.O. Box Number is Not Acceptable)
1158 BELDEN LANE
83
84 City
GULF BREEZE FL 85 Zip Code
32561

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
DP
LABELLE, JOHN
3100 WOOD'S WAY #2
GULF BREEZE FL 32561
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SAVAGE, CATHY
3100 WOOD'S WAY #2
GULF BREEZE FL 32561
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
LABELLE, TERRY
934 OVERTON STREET
AKRON OH 44319
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] 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
1158 BELDEN LANE
GULF BREEZE FL. 32561
[X] Change [] Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
1158 BELDEN LANE
GULF BREEZE FL. 32561
[X] 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
[] Change [] Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[] 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John L. Belle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

850-916-0842
Daytime Phone #

CR2E034 (1/1/98)