FILE NOW: FILING FEE AFTER MAY 1 18 \$225. PLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS 95 APR 10 AM 7: 40 (1)DOCUMENT # F00128 SECRETARY OF STATE TALLAHASSEE, FLORIDA W. LLOYD LANE, P.A. Principal Place of Business Mailing Address 245 BRAEBURN CIR 245 BRAEBURN CIR DAYTONA BCH FL 32114 DAYTONA 8CH FL 32116 DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified 3a. Date of Last Report 10/02/1980 Applied For 2a. Mailing Address 2. Principal Place of Business 59-2025344 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No Country Zιο Country ΔiD 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LANE, W LLOYD 82 Street Address (P.O. Box Number is Not Acceptable) 245 BRAEBURN CIR **DAYTONA BCH FL 32114** 83 City 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: NA SIGNATURE Signature, typoid or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when renstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE 1 1 TITLE LANE. W LLOYD 1 2 NAME NAME 245 BRAEBURN CIR STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BCH FL 1.4 CITY - ST - 21P CITY - ST - ZIP Addition Change Tritt 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST- ZIP CITY-ST-ZIP Change Addition TITLE 3 1 HTLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP Change Addition TIFLE 41 TITLE 42 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST ZIP Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** City-St-ZiP 5.4 City - ST - ZIP Change Addition 6.1 TITLE met HAME 6.2 NAME STREET ADDRESS **60 STREET ADDRESS** 6.4 CHY - 51 - 7/P 14. It do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption effect in 19.07(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 early; that I am an officer or director of this population or the receiver or furnished employers the receiver of furnished employers the receiver of the receiver of furnished employers in Block 12 or Block 13 It changes, or on a profit many with an auditoes.

SIGNING OFFICER OR DIRECTOR

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