FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J37684 (4)

1. Corporation Name
LLOYD PAS, INC.

Principal Place of Business	Mailing Address
~~ATTN: MS. DAWN JOHNSON~~ ~~520 HOWARD CRT.~~ ~~CLEARWATER FL 34616~~	~~ATTN: MS. DAWN JOHNSON~~ ~~520 HOWARD CRT.~~ ~~CLEARWATER FL 34616~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1986
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 756 Snug Island	26 756 Snug Island
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater, Florida	City & State 28 Clearwater, Florida
Zip / County 24 34630 / 25 Pinellas	Zip / County 29 34630 / 30 Pinellas

4. FEI Number: 59-2762849 ☐ 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

9. Name and Address of Current Registered Agent

LLOYD, FERRELL L.
~~520 HOWARD CRT~~
~~CLEARWATER FL 34616~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 756 Snug Island
83
84 City: Clearwater FL 85 Zip Code: 34630

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	D/P	☒ Change ☐ Addition
NAME	LLOYD, FERRELL L.	12 NAME	Ferrell L. Lloyd	
STREET ADDRESS	~~520 HOWARD CRT~~	13 STREET ADDRESS	756 Snug Island	
CITY-ST-ZIP	~~CLEARWATER FL~~	14 CITY-ST-ZIP	Clearwater, FL 34630	
TITLE	~~VP~~	21 TITLE	AS	☐ Change ☒ Addition
NAME	~~ROONEY, JOHN J.~~	22 NAME	Harold W. Mullis, Jr.	
STREET ADDRESS	~~520 HOWARD CRT~~	23 STREET ADDRESS	101 E. Kennedy Blvd., Ste. 2700	
CITY-ST-ZIP	~~CLEARWATER FL~~	24 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	~~SD~~	31 TITLE		☐ Change ☐ Addition
NAME	~~JOHNSON, DAWN R.~~	32 NAME		
STREET ADDRESS	~~520 HOWARD CRT~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~CLEARWATER FL~~	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 this 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.

SIGNATURE: Harold W. Mullis Asst. Sec. 4/28/95 (813) 223-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0365407 CP