

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 893000085539
1. Corporation Name
LHG of Orlando Inc

Principal Place of Business: 468 Rice Hope Drive, Mt Pleasant SC 29464
Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/7/93 Doc# P 93000085539

4. FEI Number: 57-0989552 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 or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: Stephen P. Griggs, 440 Mini Haha Ad., Maitland, FL 32751

10. Name and Address of New Registered Agent: (Blank)

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 resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President/Treasurer	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JAMES M. LOFTIS		1.2 NAME	
STREET ADDRESS: 468 Rice Hope Drive		1.3 STREET ADDRESS	
CITY-ST-ZIP: MT PLEASANT SC 29464		1.4 CITY-ST-ZIP	
TITLE: V-President/Secretary	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Stephen P. Griggs		2.2 NAME	
STREET ADDRESS: 440 Mini Haha		2.3 STREET ADDRESS	
CITY-ST-ZIP: Maitland, FL 32751		2.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		3.2 NAME	
STREET ADDRESS: _____		3.3 STREET ADDRESS	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME	
STREET ADDRESS: _____		4.3 STREET ADDRESS	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME	
STREET ADDRESS: _____		5.3 STREET ADDRESS	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME	
STREET ADDRESS: _____		6.3 STREET ADDRESS	
CITY-ST-ZIP: _____		6.4 CITY-ST-ZIP	

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, 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: JAMES M. LOFTIS 4/30/98 (803) 958-0500
DATE: _____

CR2E034 (10/97)