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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000052914 (5)

1. Corporation Name
LBCO PROPERTIES, INC.



Principal Place of Business
~~400 AIRPORT BOULEVARD~~
~~PENSACOLA FL 32503~~

Mailing Address
~~400 AIRPORT BOULEVARD~~
~~PENSACOLA FL 32503~~

3. Date Incorporated or Qualified 07/10/1995
3a. Date of Last Report 02/06/1996

2. Principal Place of Business
21 1381 CHUMUCKLA HWY
Suite, Apt. #, etc.
22
City & State
23 PACE FL
Zip
24 32571
Country
25 SANTA ROSA
26 Mailing Address
26 P.O. Box 3622
Suite, Apt. #, etc.
27
City & State
28 MILTON FL
Zip
29 32572
Country
30 SANTA ROSA

4. FEI Number 59-3329051
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
MARCUS, HAROLD E JR.
~~400 AIRPORT BOULEVARD~~
~~PENSACOLA FL 32503~~
1381 CHUMUCKLA HWY
PACE FL 32571

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 *Arthur C. Lynch* MANAGER ARTHUR C. LYNCH 1-27-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME POLLAK, LEWIS BEAR SR.
STREET ADDRESS 3335 CHANTARENE DRIVE
CITY-ST-ZIP PENSACOLA FL 32507
TITLE D ☐ DELETE
NAME MARCUS, HAROLD E JR.
STREET ADDRESS ~~400 AIRPORT BOULEVARD~~ 1381 CHUMUCKLA HWY
CITY-ST-ZIP ~~PENSACOLA FL 32503~~ PACE FL 32571
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: *Arthur C. Lynch* ARTHUR C. LYNCH 1-27-97 904-932-3187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANAGER DATE DAYTIME PHONE #

CR2E034 (9/96)