

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

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

**FILED**  
97 JUN 27 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P96000058462 (8)**  
1. Corporation Name  
**H.V. LUCAS, JR., AND SONS, INC.**

Principal Place of Business  
**2324 S PENINSULA DRIVE  
DAYTONA BEACH FL 32118**

Mailing Address  
**2324 S PENINSULA DRIVE  
DAYTONA BEACH FL 32118-5338**

3. Date Incorporated or Qualified **07/12/1996** 3a. Date of Last Report

|                                     |                                   |   |   |
|-------------------------------------|-----------------------------------|---|---|
| 2. Principal Place of Business      | 2a. Mailing Address               | 4. FEI Number   | Applied For   |
| 21 <b>587 Dr. Mary M. Betkue BL</b> | 26 <b>2181 West Halifax Drive</b> | <b>59-338 9091</b>  | <input type="checkbox"/> Not Applicable                             |
| Suite, Apt. #, etc.                 | Suite, Apt. #, etc.               | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 22 <b>DAYTONA BEACH</b>             | 27                                | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| City & State                        | City & State                      | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 <b>FL</b>                        | 28 <b>Daytona Beach FL</b>        |   |   |
| Zip                                 | Zip                               |   |   |
| 24 <b>32114</b>                     | 29 <b>32124</b>                   |   |   |
| Country                             | Country                           |   |   |
| 25 <b>Volusia</b>                   | 30 <b>Volusia</b>                 |   |   |

9. Name and Address of Current Registered Agent  
**LUCAS, HAROLD V JR  
2324 S PENINSULA DRIVE  
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**2181 WEST HALIFAX DR**  
B3  
**1**  
B4 City **DAYTONA BEACH, FL** B5 Zip Code **32124**

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 |                                | DELETED                  |
|----------------------------|--------------------------------|--------------------------|
| TITLE                      | <b>President</b>               | <input type="checkbox"/> |
| NAME                       | <b>Harold V Lucas Jr</b>       |                          |
| STREET ADDRESS             | <b>2181 West Halifax Drive</b> |                          |
| CITY-ST-ZIP                | <b>Daytona Beach, FL 32124</b> |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY-ST-ZIP                |                                |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY-ST-ZIP                |                                |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY-ST-ZIP                |                                |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY-ST-ZIP                                       |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY-ST-ZIP                                       |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY-ST-ZIP                                       |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY-ST-ZIP                                       |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY-ST-ZIP                                       |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 6.4 CITY-ST-ZIP                                       |  |                          |                          |

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\*\*\*\*165.00 \*\*\*\*165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 \_\_\_\_\_

**07-1-97**  
**Harold V Lucas Jr**  
**904 248-2500**  
**1-21-97**

CR2E034 (9/96)