FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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94 JUL 29 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
L.B. GUIGNARD INC.

DOCUMENT #
244444 (6)

Mailing Address
~~8101 STATESVILLE ROAD~~
P.O. BOX 20067
~~CHARLOTTE NORTH CAROLINA 28221-0067~~
US

Principal Place of Business
~~8101 STATESVILLE ROAD~~
P.O. BOX 20067
~~CHARLOTTE NORTH CAROLINA 28221-0067~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1961	3a. Date of Last Report: 02/22/1993
4. FEI Number: 59-0954005	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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Mailing Address	2a. Principal Place of Business
21 PO Box 49621	26 PO BOX 49621
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA FL	28 City & State: SARASOTA FL
24 Zip: 34230 25 Country: USA	29 Zip: 34230 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUIGNARD, BILLUE 5423 KELLY DRIVE SARASOTA, FL 34233	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOT Required if Agent signature required when filed alone)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	S/T	11 TITLE	
12 NAME	GUIGNARD,LEWIS B	12 NAME	
13 STREET ADDRESS	8101 STATESVILLE ROAD	13 STREET ADDRESS	
14 CITY ST ZIP	CHARLOTTE NC	14 CITY ST ZIP	
21 TITLE	V/P	21 TITLE	
22 NAME	GUIGNARD,BETTY B	22 NAME	
23 STREET ADDRESS	8101 STATESVILLE ROAD	23 STREET ADDRESS	
24 CITY ST ZIP	CHARLOTTE NC	24 CITY ST ZIP	
31 TITLE	P	31 TITLE	
32 NAME	GUIGNARD, BILLUE	32 NAME	
33 STREET ADDRESS	5423 KELLY DRIVE	33 STREET ADDRESS	
34 CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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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 understand the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-26-94 813 377 9138
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
BILLUE GUIGNARD, PRESIDENT