

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:50**

DOCUMENT # 253076 (4)

1. Corporation Name

LAMB'S, INC.

Principal Place of Business

**1930 MONTGOMERY PL.
JACKSONVILLE FL 32205**

Mailing Address

**1930 MONTGOMERY PL.
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/13/1961

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FCI Number
59-0975391

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAHONEY, JAMES W.
100 LAURA ST.
JACKSONVILLE FL 32201**

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 607.1506, 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

Bronson E. Lamb PD

(NOTE: Registered Agent signature required when instituting)

3-15-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
LAMB, BRONSON E. JR.
1930 MONTGOMERY PLACE
JACKSONVILLE FL**

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
LAMB, JOY HOWELL
1930 MONTGOMERY PLACE
JACKSONVILLE FL**

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
WILLIAMS, PEGGY SUE
1920 MONTGOMERY PLACE
JACKSONVILLE FL**

31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
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 110.07(4)(b), 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: *Bronson E. Lamb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRONSON E. LAMB

3-25-95

DATE

901-3885748

Telephone Number