

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 268896 (8)

1. Corporation Name

L-D INDUSTRIES INC

Principal Place of Business

Mailing Address

**1805 COPELAND STREET
JACKSONVILLE FL 32204**

**1805 COPELAND STREET
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1963

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21 2165 River Boulevard

2a. Mailing Address

26 2165 River Boulevard

4. FEI Number

59-1057422

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL 32204

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 32204

Country

25 USA

Zip

Country

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNCH, HAL
1805 COPELAND STREET
JACKSONVILLE FL 32204**

81 Name

Lynch, Hal

82 Street Address (P.O. Box Number is Not Acceptable)

2165 River Boulevard

83

84 City

Jacksonville

FL

85 Zip Code

32204

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 reconstituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **LYNCH, HAL**
STREET ADDRESS **4952 ORTEGA FOREST DR.**
CITY - ST - ZIP **JACKSONVILLE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **LYNCH, NANCY M**
STREET ADDRESS **248 W. GREEN STREET**
CITY - ST - ZIP **MONTICELLO GA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **SD**
NAME **LYNCH, LARRY**
STREET ADDRESS **248 W. GREEN STREET**
CITY - ST - ZIP **MONTICELLO GA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **LYNCH, FRANCES T.**
STREET ADDRESS **4952 ORTEGA FOREST DR.**
CITY - ST - ZIP **JACKSONVILLE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **VP**
NAME **RAMBACH, LARRY**
STREET ADDRESS **1805 COPELAND ST.**
CITY - ST - ZIP **JACKSONVILLE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

VP
Rambach, Larry
2165 River Boulevard
Jacksonville, FL 32204

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 its receiver or trustee or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or both in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry E. Rambach, Sec.

4/26/95 904-387-1537