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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 293256 (4)

1. Corporation Name

JEAN LOTT, INC.



Principal Place of Business

Mailing Address

805 FOX RUN SW  
VERO BEACH FL 32962

805 FOX RUN SW  
VERO BEACH FL 32962

3. Date Incorporated or Qualified

05/24/1965

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 805 FOX RUN SW

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 VERO BEACH

27

City & State

City & State

23 FLORIDA

28

Zip

Country

Zip

Country

24 32962

25 INDIAN RIVER

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOTT, ALAN W.  
805 FOX RUN SW  
VERO BEACH 32962

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, 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)

(Not to be signed by Agent Signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
LOTT, JEAN M  
STREET ADDRESS 805 FOX RUN SW  
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME D  
MARABLE, DAVID  
STREET ADDRESS 455 EUGENIA RD  
CITY-ST-ZIP VERO BCH FL

TITLE ☐ DELETE

NAME SD  
LOTT, ALAN W  
STREET ADDRESS 805 FOX RUN SW  
CITY-ST-ZIP VERO BEACH FL

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-96

CR2E034 (12/95)