

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90100 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 367098
 1. Corporation Name
LOWRY OF FLORIDA, INC.



Principal Place of Business 4673 GATLIN OAKS LANE ORLANDO FL 32806	Mailing Address 4673 GATLIN OAKS LANE ORLANDO FL 32806
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1970

2. Principal Place of Business 21 36 W. ILLIANA ST Suite, Apt. #, etc.	2a. Mailing Address 26 1819 Osman Ave Suite, Apt. #, etc.
22 City & State 23 ORLANDO FL	27 City & State 28 ORLANDO FL
24 Zip 32806 25 Country USA	29 Zip 32806 30 Country USA

4. FEI Number **59-1316642** 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
LOWRY, H CLAY
~~4673 GATLIN OAKS LANE~~
~~ORLANDO FL 32806~~

10. Name and Address of New Registered Agent

81 Name Lowry, H. Clay
82 Street Address (P.O. Box Number is Not Acceptable) 1819 Osman Ave
83 Orlando, FL 32806
84 City Orlando 85 Zip Code FL 32806

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 *H. Clay Lowry* **H. Clay Lowry** DATE **1/7/99**

Address Change

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOWRY (H. CLAY)	
STREET ADDRESS	4673 GATLIN OAKS LN	
CITY-ST-ZIP	ORLANDO-FL	<i>Address Change</i>
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOWRY, H CLAY	
STREET ADDRESS	4673 GATLIN OAKS LN	
CITY-ST-ZIP	ORLANDO FL	<i>Address Change</i>
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOWRY, GAIL M	
STREET ADDRESS	4673 GATLIN OAKS LN	
CITY-ST-ZIP	ORLANDO FL	<i>Address Change</i>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	1819 Osman Ave		
1.4 CITY-ST-ZIP	Orlando, FL 32806		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	1819 Osman Ave		
2.3 STREET ADDRESS	1819 Osman Ave		
2.4 CITY-ST-ZIP	Orlando, FL 32806		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	1819 Osman Ave		
3.3 STREET ADDRESS	1819 Osman Ave		
3.4 CITY-ST-ZIP	Orlando, FL 32806		
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			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *H. Clay Lowry* **H. Clay Lowry** DATE **1/7/99** (407) ~~206-4000~~ **206-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)