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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

LYRIC CHOIR GOWN COMPANY

Mailing Address

Principal Place of Business

FILED Apr 29 1997 8:00am Secretary of State



P O BOX 18854 JACKSONVILLE FL 32245		P O BOX 16954 JACKSONVILLE FL 32245-6954					
					3. Date incorporated or Qualified 06/09/1972	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number	Applied For	
21		26			59-1400214	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat 23	6	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	У	8. This corporation has liability for it		
24	25 9. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
DAY	Y, STEPHEN E	it itogratored rigotic	8	i Namo	10. 10.00 01.0 1.00.00 01.110.0 110.	J. C.	
	RNETT CENTER				82 Street Address (P.O. Box Number is Not Acceptable)		
	NORTH LAURA STREET, SUITE	3500		Siledi Add	iress (F.O. Box Number is Not Acceptab		
JAC	CKSONVILLE FL 32202		8	3			
			8	4 City	AND AND AND A STATE OF THE PERSON OF THE PER	FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statut of Florida, Such change was a	es, the abo authorized t	ve-riamed corpora	poration submits this statement for the p tition's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered	
	im familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statut	es.			
SIGNATURE	Signature, typed or printed name of registerico ag-	era and title if appticable (NO)	Fr gistered A	gent signature requ	rred when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	
TITLE	D ANDROSA	☐ DELETE	15 THUE			Change Addition	
NAME	CARLIN, ANDREW L 71 WATERBRIDGE PLACE		12 NAMI				
STREET ADDRESS	PONTE VEDRA BEACH FL			11 ADDRESS			
CITY-ST-ZIP TITLE	DVS	DFLETE	1.4 GHY 2.1 THE			Change Addition	
NAME	DAY, STEPHEN E		2.2 NAMI	i			
STREET ADDRESS	1982 LARGO PLACE		2.3 STRE	ET ADURESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2 4 City	- ST-ZIP			
TITLE	CPT	☐ DELETE	3 1 11716			Change Addition	
NAME	DAY, SUZANNE C		3.2 NAM	Į.			
STREET ADDRESS	1982 LARGO PLACE			ET ADDRESS			
CITY-ST-ZIP TITLE	JACKSONVILLE, FL 00000	DELETE	3.4 CITY 4.1 THLE			Change Addition	
NAME		() DECER	4.1 HTLE			La Ononge La Author	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CHY				
TITLE		DELETE	5.1 11116			Change Addition	
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 Till.E			Change Addition	
NAME	. "		6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY ST. 7IP	}		■ 6.4 CHY	. ST., 7(P			

I do 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 eath; 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.