

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 423267

(4)

1. Corporation Name

THE LOCKSMITHS INC.

Principal Place of Business

410 S. COMET AVE.
CLEARWATER FL 34625

Mailing Address

410 S. COMET AVE
CLEARWATER FL 34625



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

BEAUCHAMP, JOHN
410 S. COMET AVE.
CLEARWATER FL 34625

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 609.02 and 609.1501, 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 a resident of, the jurisdiction of, Sections 609.02 and 609.1501, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Date of Signature (Month/Day/Year)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	BEAUCHAMP, JOHN	
STREET ADDRESS	410 S. COMET AVE.	
CITY, ST, ZIP	CLEARWATER FL	
TITLE	D	[] DELETE
NAME	PORTER, JANE	
STREET ADDRESS	410 S. COMET AVE.	
CITY, ST, ZIP	CLEARWATER FL	
TITLE	S	[] DELETE
NAME	BEAUCHAMP, LISA	
STREET ADDRESS	410 S. COMET AVE.	
CITY, ST, ZIP	CLEARWATER 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)	[] Change [] Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. 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 under Section 119.07(5)(a), Florida Statutes. I further certify that the information included in 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 667, 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

3-1-96

813 446 6850

CR2E034 (12/95)