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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 426449

(5)

1. Corporation Name

LORD AND LORD INC



Principal Place of Business

3070 SW MAPP ROAD
PALM CITY FL 34990

Mailing Address

3070 SW MAPP ROAD
PALM CITY FL 34990

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LORD, ROBERT L, JR.
3070 S.W.MAPP RD.
PALM CITY, FL
34990

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 607.0102 and 607.1601, 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 of person accepting appointment as registered agent or the corporation)

(Signature of person accepting appointment as registered agent or the corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

LORD, ROBERT L.

STREET ADDRESS

3861 SW BIMINI CIRCLE

CITY-STATE-ZIP

PALM CITY FL

TITLE

ST

☒ DELETE

NAME

LORD, SARAH H.

STREET ADDRESS

217 HICKORY RIDGE ROAD

CITY-STATE-ZIP

JENSEN BEACH FL

TITLE

V

☐ DELETE

NAME

LORD, MOZELLE V.

STREET ADDRESS

3861 SW BIMINI CIRCLE

CITY-STATE-ZIP

PALM CITY FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SIGNATURE:

ROBERT L. LORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not done so for the exemption stated in Section 119.07(3)(g), 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 13 of this report.

4/4/96 407 286 7500

CR2E034 (12/95)