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FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 439431 (8)

1. Corporation Name
L. C. B. CORPORATION

Principal Place of Business
9425 22ND. STREET CAUSEWAY
TAMPA FL 33612-8633

Mailing Address
9425 22ND. STREET CAUSEWAY
TAMPA FL 33612-8633
US



3. Date Incorporated or Qualified 11/06/1973
3a. Date of Last Report 01/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1512581
Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOELLER (ART)
9425 22ND STREET CAUSEWAY
TAMPA FL 33619

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 firm, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME KNOELLER,ART
STREET ADDRESS 9425 22ND ST., CAUSEWAY
CITY- ST- ZIP TAMPA FL

11 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME KNOELLER,MARIE
STREET ADDRESS 9425 22ND ST., CAUSEWAY
CITY- ST- ZIP TAMPA FL

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

14 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

15 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

16 TITLE ☐ Change ☐ Addition

14. 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 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

1/10/97 813626
DAY 14412 7876

CR2E034 (9/96)