FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **446290** **(9)**

1. Corporation Name

LIFFNER & CO., INC.

Principal Place of Business

646 LOVEJOY RD
P.O. DRAWER 1689
FT. WALTON BEACH FL 32549

Mailing Address

646 LOVEJOY RD.
P.O. DRAWER 1689
FT. WALTON BEACH FL 32549

3. Date Incorporated or Qualified: **02/13/1974**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-1535294** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business (21 Street Address; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country)

2a. Mailing Address (26 Street Address; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country)

9. Name and Address of Current Registered Agent

LIFFNER,(FRANK L.)
646 LOVEJOY RD.
FT. WALTON BEACH, F.

10. Name and Address of New Registered Agent

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 607.1905 and 617.1905, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: DATE:

12. OFFICERS AND DIRECTORS

15 TITLE	P	☐ DELETE
16 NAME	LIFFNER, (FRANK L.)	
17 STREET ADDRESS	9901 NAVARRE PARKWAY	
18 CITY-ST-ZIP	NAVARRE FL	
19 TITLE	ST	☐ DELETE
20 NAME	BROWN, LINDA C	
21 STREET ADDRESS	86 4TH STREET	
22 CITY-ST-ZIP	SHALIMAR FL	
23 TITLE		☐ DELETE
24 NAME		
25 STREET ADDRESS		
26 CITY-ST-ZIP		
27 TITLE		☐ DELETE
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP		
31 TITLE		☐ DELETE
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
35 TITLE		☐ DELETE
36 NAME		
37 STREET ADDRESS		
38 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
45 TITLE	☐ Change ☐ Addition
46 NAME	
47 STREET ADDRESS	
48 CITY-ST-ZIP	
49 TITLE	☐ Change ☐ Addition
50 NAME	
51 STREET ADDRESS	
52 CITY-ST-ZIP	
53 TITLE	☐ Change ☐ Addition
54 NAME	
55 STREET ADDRESS	
56 CITY-ST-ZIP	
57 TITLE	☐ Change ☐ Addition
58 NAME	
59 STREET ADDRESS	
60 CITY-ST-ZIP	

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 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 with an indication for a change or addition of my status or address.

SIGNATURE: Frank L. Liffner/President 1/17/96 243-7149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)