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 # **485472** **(5)**

1. Corporation Name
LOPEZ AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
124 GLEN ECHO DR SMYRNA TN 37167	124 GLEN ECHO DR SMYRNA TN 37167

3. Date Incorporated or Qualified: **08/25/1975**
3a. Date of Last Report: **01/25/1995**

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

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

4. FEI Number: **59-1623374** ☐ 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

9. Name and Address of Current Registered Agent

STEIGER, STEPHEN L.
1601 NORTH PALM AVE
STE 303
PEMBROKE PINES FL 33026

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 607.0502 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 of registered agent accepting appointment as registered agent) (NOTE: Registered Agent's signature required for processing this form.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	GOTTSCHALK, JACK H		1.2 NAME		
STREET ADDRESS	236 QUAIL RIDGE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SMYRNA TN		1.4 CITY-ST-ZIP	37167	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	LOPEZ, JANIS G		2.2 NAME		
STREET ADDRESS	124 GLEN ECHO DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SMYRNA TN		2.4 CITY-ST-ZIP	37167	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	LOPEZ, CARLOS R		3.2 NAME		
STREET ADDRESS	124 GLEN ECHO DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SMYRNA TN		3.4 CITY-ST-ZIP	37167	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☑ Addition
NAME	GOTTSCHALK, JANE E		4.2 NAME		
STREET ADDRESS	236 QUAIL RIDGE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SMYRNA TN		4.4 CITY-ST-ZIP	37167	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Janis G. Lopez SEC'Y/TREASURER 1-19-96 615 355-6510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #