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 # **495963** **(1)**

1. Corporation Name
LOWE'S CITY, INC.

Principal Place of Business	Mailing Address
5200-28TH STREET NORTH ST. PETERSBURG FL 33714	5200-28TH STREET NORTH ST. PETERSBURG FL 33714

3. Date Incorporated or Qualified: **02/04/1976**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-1664385** ☐ 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
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

9. **Name and Address of Current Registered Agent**

LOWE, CHARLES O
1818 BRIGHTWATERS BLVD
ST PETERSBURG FL 33704

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	WELLS, JUDITH L	
STREET ADDRESS	519 SMITH STONE TRACE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	☐ DELETE
NAME	GOODMAN, C LUCILLE	
STREET ADDRESS	1900 BRIGHTWATERS BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	☐ DELETE
NAME	MCGARRY, NORMA JEAN	
STREET ADDRESS	166-24TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	☐ DELETE
NAME	GOODMAN, JOSEPH L	
STREET ADDRESS	P O BX 12851 %5200-28TH ST NO N/A	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	☐ DELETE
NAME	LOWE, CHARLES O	
STREET ADDRESS	1818 BRIGHTWATERS BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	☐ DELETE
NAME	CARREKER, KATHERINE L	
STREET ADDRESS	2678 RIDERWOOD DR	
CITY-ST-ZIP	DECATUR GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME	MR. C. EUGENE LOWE	
1.3 STREET ADDRESS	P.O. Box 817 % 5200-28TH ST. NO N/A	
1.4 CITY-ST-ZIP	NEWBERRY, SC. 29108	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: Charles O. Lowe — Jan. 17, 1996 — 813-525-8081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles O. Lowe