

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **495963** (1)
1. Corporation Name
LOWE'S CITY, INC.



| | |
|--|---|
| Principal Place of Business 5200-28TH STREET NORTH ST. PETERSBURG FL 33714 | Mailing Address 5200-28TH STREET NORTH ST. PETERSBURG FL 33714-2542 |
|--|---|

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/04/1976 | 3a. Date of Last Report 02/06/1996 |
| 21 | | 26 | | 4. FEI Number 59-1664385 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | | 29 | | | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| LOWE, CHARLES O 1818 BRIGHTWATERS BLVD ST PETERSBURG FL 33704 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | SD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WELLS, JUDITH L | 1.2 NAME | D |
| STREET ADDRESS | 519 SMITH STONE TRACE | 1.3 STREET ADDRESS | C. EUGENE LOWE |
| CITY-ST-ZIP | MARIETTA GA | 1.4 CITY-ST-ZIP | P.O. BOX 817 N/A |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | NEWBERRY, SC 29108 |
| NAME | GOODMAN, C LUCILLE | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1900 BRIGHTWATERS BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGARRY, NORMA JEAN | 3.2 NAME | |
| STREET ADDRESS | 166-24TH AVE N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODMAN, JOSEPH L | 4.2 NAME | |
| STREET ADDRESS | P O BX 12851 55200-28TH ST NO N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 4.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWE, CHARLES O | 5.2 NAME | |
| STREET ADDRESS | 1818 BRIGHTWATERS BLVD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARREKER, KATHERINE L | 6.2 NAME | |
| STREET ADDRESS | 2878 RIDERWOOD DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DECATUR GA | 6.4 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 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 in an attachment with an address.

SIGNATURE: *Charles O. Lowe* REQUIRED
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200002140952
-04/11/97--01098--023
***165.00

3/13/97 813-525-8081
Date Daytime Phone #

CR2E034 (9/96)