

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

FILED  
Feb 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 5200-28TH STREET NORTH  
ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1976	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD WELLS, JUDITH L 519 SMITH STONE TRACE MARIETTA GA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D GOODMAN, C LUCILLE 1900 BRIGHTWATERS BLVD ST PETERSBURG FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Goodman, C. Lucille
STREET ADDRESS		2.3 STREET ADDRESS	North Shore Senior Comm.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	939 Beach Dr. E. Apt # 402
TITLE	TD MCGARRY, NORMA JEAN 166-24TH AVE N ST PETERSBURG FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	St. Petersburg, Fl. 33701
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD GOODMAN, JOSEPH L P O BX 12851 %5200-28TH ST NO N/A ST PETERSBURG FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mr. C. Eugene Lowe
STREET ADDRESS		4.3 STREET ADDRESS	%5200 28th st. North
CITY - ST - ZIP		4.4 CITY - ST - ZIP	St. Petersburg, Fl. 33714
TITLE	PD LOWE, CHARLES O 1818 BRIGHTWATERS BLVD ST PETERSBURG FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D CARREKER, KATHERINE L 2678 RIDERWOOD DR DECATUR GA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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]* JOSEPH L. GOODMAN 1/29/98 813-525-8081

CR2E034 (10/97)