

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**  
07-27-1999 90003 015 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 495963**  
1. Corporation Name  
**LOWE'S CITY, INC.**

Principal Place of Business <b>5200-28TH STREET NORTH ST. PETERSBURG FL 33714</b>	Mailing Address <b>5200-28TH STREET NORTH ST. PETERSBURG FL 33714</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/04/1976</b>	
21		26		4. FEI Number <b>59-1664385</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LOWE, CHARLES O 1818 BRIGHTWATERS BLVD ST PETERSBURG FL 33704</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELLS, JUDITH L			1.2 NAME			
STREET ADDRESS	519 SMITH STONE TRACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODMAN, C LUCILLE			2.2 NAME			
STREET ADDRESS	939 BEACH DR. E. APT #402			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33701			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	MR. EUGENE LOWE			4.2 NAME			
STREET ADDRESS	5200 28TH ST. N			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33714			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	2678 RIDERWOOD DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	DECATUR GA			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 *Charles O. Lowe* **Charles O. Lowe, President 7/9/99 (727) 525-8081**

CR2E034 (5/99)



## Lowe's City Mobile Home Community

5200 28th Street No., St. Petersburg, FL 33714  
(813) 525-8081 • Fax (813) 527-3874

495963  
595859-90063-15

July 12, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document # 495963

To Whom It May Concern:

I am writing in response to the 2 *ND NOTICE* we received concerning the filing of our annual report.

To my knowledge, we have not received a notice prior to this one. My husband and I are new managers at Lowe's City Inc. and because the previous managers left under adverse conditions much of the previous year's information on reports to be filed, taxes to be paid, etc. are either difficult to obtain or non existent.

I feel that Lowe's has always been prompt in submitting reports in the past and will do so in the future.

Thank you for your help.

Sincerely,

Gail Jumpa  
Park Manager