**FILED** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Aug 18 1997 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 500409 (8)LUCAS WATERPROOFING COMPANY, INC. Principal Place of Business Mailing Address **BB6 2ND LANE** PO BOX 2192 VERO BCH FL 32962 VERO BCH FL 32961-2182 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1976 06/17/1996 2. Principal Place of Business 21 455 3 CO 2a. Mailing Address Applied For 455 3rd Lone, SW 21 Not Applicable 26 59-1638317 \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Country lero Bc 23 Added to Fees 28 Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible USA 25 Traign River 29 329 *32*962 30 <del>Iro</del> X Yes ☐ No 24 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name LUCAS, PAUL L 435 12TH PLACE, SE Street Address (P.O. Box Number is Not Acceptable) 82 VERO BEACH FL 32962 83 84 City 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, typied or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change LUCAS, PAUL L NAME 1.2 NAME 435 12TH PLACE, SE 1.3 STREET ADDRESS STREET ADDRESS VERO BCH., FL 00000 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change TITLE LUCAS, LISA F 2.2 NAME NAME 435 12TH PLACE, SE STREET ADDRESS 2.3 STREET ADDRESS **VERO BCH., FL 00000** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Secy/Treas. Change TITLE 3.1 TITLE Robert K. Lucas 435 12th Place, SE LUCAS, ROBERT K NAME 3.2 NAME 435 12TH PLACE SE STREET ADDRESS 3.3 STREET ADDRESS VERO BCH FL 32962 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY-ST-ZIP on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 14. I do hereby certify that the informaval 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 corporation or the positiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if changed, or or an attackment with an address. information indicated on this annual am an officer or director of the appears in Block 12 or By

4.4 CITY-ST-ZIP

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5.4 CITY-ST-ZIP

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