

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 501513 (6)

1. Corporation Name

LOW-JO, INC.



Principal Place of Business

Mailing Address

2833 HOFFNER AVENUE
ORLANDO FL 32812

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ORLANDO FL 32812

3. Date Incorporated or Qualified: 04/15/1976
3a. Date of Last Report: 06/09/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 59-1664838
Applied For: Not Applicable

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No [x]

24. Zip

Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKPATRICK, JOANNE E
2833 HOFFNER AVENUE
ORLANDO FL 32812

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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	P	1.1 TITLE	[] Change [] Addition
NAME	KIRKPATRICK, JOANNE E	1.2 NAME	
STREET ADDRESS	2833 HOFFNER AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	[] Change [] Addition
NAME	STILLWELL, WILLIAM S	2.2 NAME	
STREET ADDRESS	1617 S KIRKMAN RD 1401	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	2.4 CITY - ST - ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William S. Stillwell William S. Stillwell 7/15/96 407/299/5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Printout)

CR2E034 (3/96)