

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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  
**2833 HOFFNER AVENUE  
ORLANDO FL 32812**

Mailing Address  
**2833 HOFFNER AVENUE  
ORLANDO FL 32812-1064**

3. Date Incorporated or Qualified  
**04/15/1976**

3a. Date of Last Report  
**08/12/1996**

2. Principal Place of Business  
21 **118 South Ring Rd**  
Suite, Apt. #, etc.

2a. Mailing Address  
25 **118 South Ring Rd**  
Suite, Apt. #, etc.

4. FEI Number  
**59-1664838**

Applied For  
 Not Applicable

22 City & State  
23 **ORLANDO FL**

27 City & State  
28 **ORLANDO FL**

24 Zip  
**32811**

25 Country  
**USA**

29 Zip  
**32811**

30 Country  
**USA**

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

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

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

9. Name and Address of Current Registered Agent  
**KIRKPATRICK, JOANNE E  
2833 HOFFNER AVENUE  
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name  
**Stillwell, William S.**

82 Street Address (P.O. Box Numbers Not Acceptable)  
**118 South Ring Rd**

83

84 City  
**ORLANDO FL**

85 Zip Code  
**32811**

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 *William S. Stillwell* **William S. Stillwell** **4/30/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>KIRKPATRICK, JOANNE E</b>	
STREET ADDRESS	<b>2833 HOFFNER AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/>
NAME	<b>STILLWELL, WILLIAM S</b>	
STREET ADDRESS	<b>1617 S KIRKMAN RD 1401</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Stillwell, William S.</b>		
2.3 STREET ADDRESS	<b>118 South Ring Rd</b>		
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 on an attachment with an address.

SIGNATURE: *William S. Stillwell* **William S. Stillwell** **4/30/97**

CR2E034 (9/96)