

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **614205**

1. Corporation Name
LLOYD'S, INC.

Principal Place of Business
**2220 S.W. 50TH AVENUE
FT LADUERDALE FL 33317**

Mailing Address
**1892 SW 42ND AVE
FT LADUERDALE FL 33317
US**

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90005 045 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1979

4. FEI Number

59-1910964

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1892 SW 42ND AV**

26 **PO BOX 21641**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **FT. LAUDERDALE FL**

28 **FT. LAUDERDALE FL**

Zip

Zip

Country

Country

24 **33317**

29 **33335**

25 **BROWARD**

30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNSBERRY, LLOYD

2220 S.W. 50TH AVENUE

FT LAUDERDALE FL 33317

81 Name

LLOYD THORNSBERRY

82 Street Address (P.O. Box Number is Not Acceptable)

1892 SW 42ND AV

83

FT. LAUDERDALE, FL. 33317

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 **LLOYD THORNSBERRY, Lloyd Thornsberry PRES**

7/9/99

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 **PD** ☐ DELETE

NAME **THORNSBERRY, LLOYD**

STREET ADDRESS **2220 S.W. 50TH AVENUE**

CITY-ST-ZIP **FT LAUDERDALE FL 33317**

TITLE ☐ DELETE

NAME **THORNSBERRY, LLOYD**

STREET ADDRESS **1892 SW 42ND AV**

CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME **THORNSBERRY, LLOYD**

STREET ADDRESS **1892 SW 42ND AV**

CITY-ST-ZIP **FT. LAUDERDALE, FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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: **Lloyd Thornsberry, LLOYD THORNSBERRY (PRES)** **7/9/99** **954 7924130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0085404