

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 832002 (0)

1. Corporation Name
LLOYD SSE, INC.

Principal Place of Business Mailing Address
ATTN: DAWN JOHNSON
520 HOWARD CRT
CLEARWATER FL 34616
ATTN: DAWN JOHNSON
520 HOWARD CRT
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/18/1974	3a. Date of Last Report 04/18/1994
4. FEI Number 59-2762849	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 756 Snug Island	2a. Mailing Address 26 756 Snug Island
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater, Florida	City & State 28 Clearwater, Florida
Zip 24 34630	Country 25 Pinellas
Zip 29 34630	Country 30 Pinellas

9. Name and Address of Current Registered Agent
LLOYD, FERRELL L.
520 HOWARD CRT
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 756 Snug Island
83
84 City Clearwater
85 Zip Code FL 34630

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 _____ (607.1. Registration Agent (signature required when recording)) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME FERRELL, L. LLOYD
STREET ADDRESS 520 HOWARD CRT	CITY, ST, ZIP CLEARWATER FL
TITLE SD	NAME JOHNSON, DAWN R.
STREET ADDRESS 520 HOWARD CRT	CITY, ST, ZIP CLEARWATER FL
TITLE VF	NAME ROONEY, JOHN J.
STREET ADDRESS 520 HOWARD CRT	CITY, ST, ZIP CLEARWATER FL
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/d	☒ Change ☐ Addition
1.2 NAME Ferrell L. Lloyd	
1.3 STREET ADDRESS 756 Snug Island	
1.4 CITY, ST, ZIP Clearwater, Florida 34630	
2.1 TITLE AS	☐ Change ☒ Addition
2.2 NAME Harold W. Mullis, Jr.	
2.3 STREET ADDRESS 101 E. Kennedy Blvd., Ste. 2700	
2.4 CITY, ST, ZIP Tampa, Florida 33602	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: *Harold W. Mullis* Harold W. Mullis, Asst. Sec. 4/28/95 (813) 223-7474
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR