FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F35375** **(7)**

1. Corporation Name
LLOYD CONSOLIDATED, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1981	3a. Date of Last Report: 04/04/1994
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	2a. Mailing Address
21 **756 Snug Island**	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	10. Name and Address of New Registered Agent
LLOYD, FERRELL ~~520 HOWARD COURT~~ ~~CLEARWATER FL 34616~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): **756 Snug Island** 83 84 City: **Clearwater** **FL** 85 Zip Code: **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 _____ DATE
Signature, typed or printed name, of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	LLOYD, FERRELL L.	12 NAME	Ferrell L. Lloyd
STREET ADDRESS	~~520 HOWARD CRT~~	13 STREET ADDRESS	756 Snug Island
CITY ST ZIP	~~CLEARWATER FL~~	14 CITY-ST-ZIP	Clearwater, Florida 34630
TITLE	~~SD~~	21 TITLE	AS ☐ Change ☒ Addition
NAME	~~JOHNSON, DAWN R.~~	22 NAME	Harold W. Mullis, Jr.
STREET ADDRESS	~~520 HOWARD CRT~~	23 STREET ADDRESS	101 E. Kennedy Blvd., Ste. 2700
CITY ST ZIP	~~CLEARWATER FL~~	24 CITY-ST-ZIP	Tampa, Florida 33602
TITLE	~~VDT~~	31 TITLE	☐ Change ☐ Addition
NAME	~~ROONEY, JOHN J.~~	32 NAME	
STREET ADDRESS	~~520 HOWARD CRT~~	33 STREET ADDRESS	
CITY ST ZIP	~~CLEARWATER FL~~	34 CITY ST ZIP	
TITLE	~~D~~	41 TITLE	☐ Change ☐ Addition
NAME	~~GOODRICH, HOYT~~	42 NAME	
STREET ADDRESS	~~520 HOWARD CRT~~	43 STREET ADDRESS	
CITY ST ZIP	~~CLEARWATER FL~~	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 truster 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, Asst. Sec. 4/28/95 (813) 223-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0385508 CP