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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F59923

(5)

LOWRY AND ASSOCIATES, INC.

Mailing Address Principal Place of Business C/O H. CLAY LOWRY C/O H. CLAY LOWRY 4673 GATLIN OAKS LANE 4673 GATLIN OAKS LANE ORLANDO FL 32806-7249 ORLANDO FL 32806 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1981 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2695071 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOWRY, H. CLAY 4673 GATLIN OAKS LANE 82 Street Address (P.O. Box Number is Not Acceptable) **ORLANDO FL 32806** 83 84 City 85 Zip Code 11. Persuant 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. Signature, typed or perfect range of registered agent and titla Lappicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change 1.1 TITLE TITLE DP 1.2 NAME NAME LOWRY, H. CLAY **4673 GATLIN OAKS LANE** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CITY-ST-ZiP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST 3.4. City-St-ZiP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET AODRESS STREET ADDRESS C-TY - ST - Z)P 4.4 CITY-ST-ZIP \_\_\_ DELETE 5.1 TITLE Change \_\_\_ Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CHTY - ST - ZIP DELETE 6.1 TITLE Change Addition THLE

6.2 NAME

6.3 STREET ADDRESS

LAY LOLORY

6.4 CITY - ST - 7IP

SIGNATURE:

14. I do hereby certify that the information supplied wi information indicated on this annual report or suppl Lam an officer or director of the corporati appears in Block 12 or Block 13 if change

NAME

STREET ADDRESS

CITY - ST - ZIP

In this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the himselval annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that regelve or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

Feb 03 1997 8:00am

Secretary of State