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PROFIT CORPORATION ANNUAL REPORT

1996



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

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DOOC	JMENT	#

F68941

(6)

Corporation Name

LLI CORP.

Principal Place of Business

a Address	A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP

	ADAMS ST. 1069 ILLE FL 32201	1010 EAST ADAMS P.O. BOX 4069 JACKSONVILLE FL		3. Date incorporated or Qualified 3a. Date o	4/26/1995
		· ·			4/26/1995
2. Principal Pla 21	ice of Business	2a. Mailing Address		4. FEI Number 59-2167302	Applied For
	Letc	26 Suito Apt # etc			Not Applicable
22 1600 Crty & State	Independent Square		endent Square		\$8.75 Additional Fee Required
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for intangible tax t	under s 199.032,
[4]	25 9. Name and Address of Current	Registered Agent	30	Florida Statutes X Yes No	
		Tiogration Agont	81 Name	10. Name and Address of New Registered Ag	ent
1010 E JACKS	MS, L. D. AST ADAMS S T. ONVILLE FL 32202		83 1600 84 City		85 Zip Code
O registere	o the provisions of Sections 607.0502 and agent, or both, in the State of Floridan, and accept the obligations of, Sections	i. Such change was authoriz	ed by the corporation's bo	oration submits this statement for the purpose of chang pard of directors. I hereby accept the appointment as re	ing its registered office gistered agent. I am
SIGNATURE .					
	Squalizer typed or printed hame of registered agent at		TE Registered Agent signature requ		· · - · · · · · · · · · · · · · · · · ·
12.	PO OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
				ran .	A. C
	LOVETT, R.D.	☐ DELETE	1 1 TITLE	<u> </u>	Change 🔲 Addition
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4. For 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)(k), 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 logal 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: 🗘

Dullans Vice Pres./Tres.

4-17-96 904634-8808