

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004391 (9)**

1. Corporation Name  
**EDWARD LOWE INDUSTRIES, INC.**



Principal Place of Business <b>POST OFFICE BOX 2178 ARCADIA FL 33821</b>	Mailing Address <b>POST OFFICE BOX 2178 ARCADIA FL 34265-2178</b>
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2. Principal Place of Business 21 <b>9584 N.E. Williams Ave.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>9584 N.E. Williams Ave.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/27/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
22 City & State 23 <b>Arcadia, FL</b> Zip Country 24 <b>34266</b> 25		27 City & State 28 <b>Arcadia, FL</b> Zip Country 29 <b>34266</b> 30		4. FEI Number <b>38-1455314</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>SCHRODER, KATHY J 1884 NE WILLIAMS AVE. ARCADIA FL 33821</b>		10. Name and Address of New Registered Agent 81 Name <b>Browning, Kathy J.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9584 N.E. Williams Ave</b> 83 84 City <b>Arcadia</b> FL 85 Zip Code <b>34266</b>	
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*(name change because of marriage; county changed street # also)*

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 *Kathy J. Browning* 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 <b>LOWE, DARLENE B 1884 NE WILLIAMS AVE. ARCADIA FL 33821</b>	1.1 TITLE	<b>PD</b>
NAME		1.2 NAME	<b>Low, Darlene B.</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>9584 N.E. Williams Ave</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>Arcadia, FL 34266</b>
TITLE	S <b>PERRY, ARTHUR J 420 JMS BUILDING SOUTH BEND IN 46801</b>	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	AS <b>SCHRODER, KATHY J 1884 NE WILLIAMS AVE. ARCADIA FL 33821</b>	3.1 TITLE	<b>AS</b>
NAME		3.2 NAME	<b>Browning, Kathy J.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3289 N.E. Appaloosa St.</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>Arcadia, FL 34266</b>
TITLE	D <b>PAIRITZ, JOHN J 58511 IRELAND TRAIL MISHAWAKA IN 46544</b>	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D <b>PYCIK, JOHN M 401 E. COLFAX, STE. 401 SOUTH BEND IN 46817</b>	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Kathy J. Browning* **Kathy J. Browning, Asst. Sec. 3-31-97 941-494-1108**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)