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Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000004391 (9)

1. Corporation Name

EDWARD LOWE INDUSTRIES, INC.

Principal Place of Business

9584 N.E. WILLIAMS AVE
ARCADIA FL 33821
US

Mailing Address

9584 N.E. WILLIAMS AVE
ARCADIA FL 33821
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

4. FEI Number

38-1455314

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No (n/a)

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 34266 Country

28 Zip 34266 Country

24

29

30

9. Name and Address of Current Registered Agent

BROWNING, KATHY J
9584 N.E. WILLIAMS AE.
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code
34266

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required after reinstating)

1-21-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LOWE, DARLENE B
STREET ADDRESS 9584 N.E. WILLIAMS AVE.
CITY-ST-ZIP ARCADIA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME PERRY, ARTHUR J
STREET ADDRESS 420 JMS BUILDING
CITY-ST-ZIP SOUTH BEND IN 48601

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AS
NAME BROWING, KATHY J.
STREET ADDRESS 3289 N.E. APPALOOSA ST.
CITY-ST-ZIP ARCADIA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Browning (spelling error)

34266

TITLE D
NAME PAIRITZ, JOHN J
STREET ADDRESS 58511 IRELAND TRAIL
CITY-ST-ZIP MISHAWAKA IN 46544

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME PYCIK, JOHN M
STREET ADDRESS 401 E. COLFAX, STE. 401
CITY-ST-ZIP SOUTH BEND IN 46817

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

1-21-98

CR2E034 (10/97)