

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000006163

1. Corporation Name  
LBSS, INC.

Principal Place of Business  
601 SOUTH LAKE DESTINY DR., STE. 140  
MAITLAND FL 32751

Mailing Address  
601 SOUTH LAKE DESTINY DR., STE. 140  
MAITLAND FL 32751

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90062 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

APPLIED FOR

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME CRAWFORD, GORDON  
STREET ADDRESS 25 LONDON BRIDGE ST.  
CITY-ST-ZIP LONDON, ENGLAND SE1 9SG ☐ DELETE

TITLE DVT  
NAME REID, JAMES  
STREET ADDRESS 25 LONDON BRIDGE ST.  
CITY-ST-ZIP LONDON, ENGLAND SE1 9SG ☐ DELETE

TITLE V  
NAME BENNETT, RUSSELL  
STREET ADDRESS 5707 PEACHTREE PKWY., STE. 400  
CITY-ST-ZIP NORCROSS GA 30092 ☐ DELETE

TITLE S  
NAME PARSLIFFE, SIMON J  
STREET ADDRESS 25 LONDON BRIDGE ST.  
CITY-ST-ZIP LONDON, ENGLAND SE1 9SG ☐ DELETE

TITLE AS  
NAME WATSON, E. THOMAS  
STREET ADDRESS 2500 CHARLOTTE PLAZA  
CITY-ST-ZIP CHARLOTTE NC 28244 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Dr. Suite 200  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/98

Daytime Phone #

CR2E034 (1/98)