

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G06415** (5)

1. Corporation Name
LOWELL-COOPER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1177 LOUISIANA PLACE, SUITE 110 1177 LOUISIANA PLACE, SUITE 110
1177 LOUISIANA PL. STE 110 1177 LOUISIANA PL. STE 110, BOX 201
WINTER PARK FL 32789 WINTER PARK FL 32789
US

3. Date Incorporated or Qualified **10/29/1982** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2622 SHADY BRANCH** 26 **2622 SHADY BRANCH**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2286816** Applied For
Not Applicable

22 City & State 27 City & State
ORLANDO FLA **ORLANDO FLA**

5. Certificate of Status Desired \$8.75 Additional
Fee Required

23 Zip Country 28 Zip Country
32822 **ORANGE** **32822** **ORANGE**

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FULLER, DWIGHT V.
1177 LOUISIANA PLACE, SUITE 110
WINTER PARK FL 32789

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 _____ DATE _____
Signature typed or printed name of registered agent and title of agent (optional) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, JEAN	1.2 NAME	
STREET ADDRESS	2622 SHADYBRANCH DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 changed, or on an attachment with an addition.

SIGNATURE: Dwight V. Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 407-277-2762
Date Daytime Phone #