## 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 # **G82129**

1. Corporation Name

RICHARD LLOYD, INC.

Principal Place of Business						
1125 JOHNNIE DODDS BLVD.						
MT. PLEASANT SC 29464						

Mailing Address

SEAS ADTUILD ST

Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90038 034 \*\*\*150.00

|--|

Zip Code

CR2E034 (11/98)

MT. PLEASANT SC 29464 HOLLYWOOD FL 33020 US			DO NOT WRITE IN THIS SPACE		
			Date Incorporated or Qualifed     11/28/1983		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-23475 <u>27</u>	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	- City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip Cc 29 30	ountry	This corporation owes the current year Interpretation     Personal Property Tax.	tangible ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LLOYD, RICHARD 2503 ARTHUR ST. HOLLYWOOD FL 33020		81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)		
		83			

City

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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition □ DELETE 1.1 TITLE TITLE LLOYD, RICHARD NAME 1.2 NAME 639 WAMPLER DR. 1.3 STREET ADDRESS STREET ADDRESS CHARLESTON SC 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-\$T-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 51 TIDE ☐ Change - Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 change or on an attachment with an address, with all other like empowered.

SIGNATURE: