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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:41

DOCUMENT # **G91015** (9)

1. Corporation Name

LOCAL INDUSTRIES, INC.

Principal Place of Business

P.O. BOX 568263
ORLANDO FL 32856

Mailing Address

P.O. BOX 568263
ORLANDO FL 32856

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1984

3a. Date of Last Report

04/07/1994

2. Principal Place of Business

21 11140 SATELLITE BLVD

Suite, Apt. #, etc

2a. Mailing Address

26 P.O. Box 568263

Suite, Apt. #, etc

4. FEI Number

59-2434746

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 ORLANDO, FL

Zip

24 32837-9220 Country

25 USA

City & State

28 ORLANDO, FL

Zip

29 32856-8263 Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, JAMES H.

11140 SATELLITE BLVD.

REGENCY PARK

ORLANDO FL 32837-9220

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 or officer if applicable

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **MILLER, JAMES H.**
STREET ADDRESS **5801 SHELBURN COURT**
CITY ST ZIP **ORLANDO FL 32837-9220**

TITLE
NAME
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CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

James H. Miller **JAMES H. MILLER**

5/26/95

407-855-1286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number