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FILED
May 11 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 # **G91015** (9)
1. Corporation Name
LOCAL INDUSTRIES, INC.



Principal Place of Business
**1140 SATELLITE BLVD
ORLANDO FL 32807-3220
US**
**240 E. PALMETTO AVE. STE 110
LONGWOOD, FL 32750-7402**

Mailing Address
**POST OFFICE BOX 770412
ORLANDO FL 32877-0412
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 240 E. PALMETTO AVE. STE 110
Suite, Apt. #, etc.
22
City & State
23 LONGWOOD, FLORIDA
Zip Country
24 32750-7402 25 SEATTLE

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified
03/13/1984
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MILLER, JAMES H.
1140 SATELLITE BLVD. 240 E. PALMETTO AVE STE 110
REGENCY PARK LONGWOOD, FL 32750-7402
ORLANDO FL 32837**

10. Name and Address of New Registered Agent

81 Name MILLER, JAMES H.
82 Street Address (P.O. Box Number is Not Acceptable)
240 E. PALMETTO AVE. STE 110
83
84 City LONGWOOD FL 85 Zip Code 32750

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 **James H. Miller, President**

5-1-98

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 **PO** ☐ DELETE
NAME **MILLER, JAMES H.**
STREET ADDRESS **1140 SATELLITE BLVD 240 E. PALMETTO AVE STE 110**
CITY-ST-ZIP **ORLANDO FL LONGWOOD, FL 32750-7402**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE **James H. Miller, President** **5-1-98** **1140 SATELLITE BLVD**

CR2E034 (10/97)