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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G91015**

1. Corporation Name

LOCAL INDUSTRIES, INC.

| Principal Place of Business Mailing Address | | | | | i 1901th and the state that the state to the state that the state and th |
|---|--------------------------|--|---|--|--|
| 240 E PALMETTO AVE STE 110 LONGWOOD FL 32750-7402 US | | 240 E PALMETTO AVE STE 110 LONGWOOD FL 32750-7402 US | | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualifed 03/13/1984 |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | 26 | | | 59-2434746 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | , | 5. Certificate of Status Desired |
| City & Stat | ity & State City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | Zip Country | | , | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 30 | 30 | | Personal Property Tax. |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | |
| | | | 81 | Name | • |
| MILLER, JAMES H. | | | 92 | Cha- at a | t Address (P.O. Box Number is Not Acceptable) |
| 240 E PALMETTO AVE | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| STE 110 | | | 83 | | |
| LONGWOOD FL 32750 | | | | | |
| | | | 84 | , | 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 | | | | | a required when reinstating). (IATE |
| Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | | | | | |
| | PD DELETE | | 1.1 TITLE | | ABBITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | • - | | | ļ | |
| NAME | micelify of mice in | | 1.2 NAME | | |
| | | | TADORESS | | |
| CITY-ST-ZIP | | | 1.4 CITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | 2.1 TITLE | ľ | Change Addition |
| NAME | | | 2.2 NAME | | |

4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1.TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

□ DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition