

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # **H48663** (9)

1. Corporation Name

LOWCARI CORPORATION

Principal Place of Business

% LOWERY J. RALEY
P.O. BOX 5587
TALLAHASSEE FL 32314-5587

Mailing Address

% LOWERY J. RALEY
P.O. BOX 5587
TALLAHASSEE FL 32314-5587

2. Principal Place of Business

2a. Mailing Address

21 State Apt. # etc.

26 State Apt. # etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**RALEY, LOWREY J.
3492 W. ORANGE AVENUE
TALLAHASSEE FL 32310**

3. Date Incorporated or Qualified

03/22/1985

3a. Date of Last Report

02/02/1995

4. FEI Number

59-2504556

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

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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

(If the Registered Agent's signature is required, sign here)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY ST ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP
2. TITLE NAME STREET ADDRESS CITY ST ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP
3. TITLE NAME STREET ADDRESS CITY ST ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP
4. TITLE NAME STREET ADDRESS CITY ST ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP
5. TITLE NAME STREET ADDRESS CITY ST ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP
6. TITLE NAME STREET ADDRESS CITY ST ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

**BILLY D. REGISTER
CERTIFIED PUBLIC ACCOUNTANT
RT. 2 BOX 130
HAVANA, FLORIDA 32333
ID. NO. 86-000155**

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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Raley Carol Raley

2-1-96

Date

Exhibit Index #

CR2E034 (12/95)