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Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H65751

(0)

1. Corporation Name

LOW-DEL CORPORATION

Principal Place of Business

1636 E. NEW YORK AVE
DELAND FL 32724

Mailing Address

P.O. BOX 4009
DELAND FL 32723-4009



2. Principal Place of Business
21 1635 N. GARFIELD AVE

2a. Mailing Address
26 P.O. 4009

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

DELAND FL

28 City & State

DELAND, FL

24 Zip

32724

25 Country

VOLUSIA

29 Zip

32723

30 Country

VOLUSIA

3. Date Incorporated or Qualified

07/17/1985

3a. Date of Last Report

04/10/1996

4. FEI Number

59-2777369

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC CORMICK, SOREN
1305 ROANOKE AVE
DELAND FL 32720

81 Name DIANNE MC CORMICK

82 Street Address (P.O. Box Number is Not Acceptable)

83 1305 ROANOKE AVE.

84 City DELAND

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

Dianne S. Mc Cormick

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 P
NAME MC CORMICK, SOREN
STREET ADDRESS 1305 ROANOKE AVE
CITY-ST-ZIP DELAND FL 32720 ☒ DELETE

TITLE S
NAME PLOURDE, LEON
STREET ADDRESS 2000 CONCORD RD.
CITY-ST-ZIP DELAND FL 32720 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME DIANNE MC CORMICK
1.3 STREET ADDRESS 1305 ROANOKE AVE.
1.4 CITY-ST-ZIP DELAND, FL 32720 ☒ Change ☐ Addition

2.1 TITLE T/D
2.2 NAME CLAUDIA PLOURDE
2.3 STREET ADDRESS 137 SO. WOODWARD AVE.
2.4 CITY-ST-ZIP DELAND, FL. 32720 ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

14. I do 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:

PLOURDE, CLAUDIA

CR2E034 (9/96)