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

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H73662 (9)

LOMAC ENTERPRISES, INC.

| | |
|---|---|
| % LORRAINE S. MCFARLAND<br>RT 1, BOX N529<br>DEFUNIAK SPRINGS FL 32433 | % LORRAINE S. MCFARLAND<br>RT 1, BOX N529<br>DEFUNIAK SPRINGS FL 32433 |

3. Date of Incorporation: 08/28/1985

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 35 McFARLAND RD.
22
23
24 25

2a. Mailing Address
26 35 McFARLAND RD.
27
28
29 30

4. FEI Number: 59-2562477 — 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. Does corporation owe any back taxes to the State of Florida? Yes / No

9. Name and Address of Current Registered Agent

MCFARLAND, LORRAINE S.
RT 1, BOX N529
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number Not Acceptable): 35 McFARLAND RD.
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of section 607.325 of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent of the corporation in Florida after the change are authorized to be executed 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 607.325 of the Florida Statutes.

SIGNATURE:

| 12. OFFICER AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS | |
|---|---|---|---|
| Title | D | Title | ☐ Change ☐ Addition |
| Name | MCFARLAND, FRANK S. | Name | |
| Address | HWY. 90 EAST | Address | 35 McFARLAND RD. |
| City-St-Zip | DEFUNIAK SPRINGS FL | City-St-Zip | |
| Title | PD | Title | ☐ Change ☐ Addition |
| Name | MCFARLAND, LORRAINE S. | Name | |
| Address | HWY. 90 EAST | Address | 35 McFARLAND RD. |
| City-St-Zip | DEFUNIAK SPRINGS FL | City-St-Zip | |
| Title | D | Title | ☐ Change ☐ Addition |
| Name | MCFARLAND, FRANK S., JR. | Name | |
| Address | HWY. 90 EAST | Address | 35 McFARLAND RD. |
| City-St-Zip | DEFUNIAK SPRINGS FL | City-St-Zip | |
| Title | D | Title | ☐ Change ☐ Addition |
| Name | KENNINGTON, JUDITH E. | Name | |
| Address | KENNINGTON RD. | Address | |
| City-St-Zip | RED BAY FL | City-St-Zip | |
| Title | D | Title | ☐ Change ☐ Addition |
| Name | MCFARLAND, MARGARET L | Name | |
| Address | SHELTER RD. | Address | 35 McFARLAND RD. - APT. 6 |
| City-St-Zip | DEFUNIAK SPGS. FL | City-St-Zip | |
| | | | ☐ Change ☐ Addition |

14. I hereby certify that the information supplied with this report is true, complete, and accurate. I am executive officer or director authorized to execute this report pursuant to Chapter 607, Florida Statutes. I further certify that the corporation has complied with the annual report or supplemental annual report filing requirements of Chapter 607, Florida Statutes.

SIGNATURE: Lorraine S. McFarland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORRAINE S. McFARLAND, PRESIDENT

March 17, 1995 904-892-2600

0411022 FP