SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H73662** **(9)**

1. Corporation Name
LOMAC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
35 MCFARLAND RD RT 1. BOX N529 DEFUNIAK SPRINGS FL 32433 US	35 MCFARLAND RD RT 1. BOX N529 DEFUNIAK SPRINGS FL 32433 US

3. Date Incorporated or Qualified: 08/28/1985
3a. Date of Last Report: 05/10/1995

2. Principal Place of Business
21 135 McFarland Road
22 Suite, Apt #, etc.
23 City & State: Defuniak Springs, FL
24 Zip: 32433
25 Country: WALTON

2a. Mailing Address
26 135 McFarland Road
27 Suite, Apt #, etc.
28 City & State: Defuniak Springs, FL
29 Zip: 32433
30 Country: WALTON

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCFARLAND, LORRAINE S.
35 MCFARLAND RD
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 135 McFarland Road
83
84 City: Same 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCFARLAND, FRANK S. 35 MCFARLAND RD DEFUNIAK SPRINGS FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 135 McFarland Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCFARLAND, LORRAINE S. 35 MCFARLAND RD DEFUNIAK SPRINGS FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 135 McFarland Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCFARLAND, FRANK S., JR. 35 MCFARLAND RD DEFUNIAK SPRINGS FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 135 McFarland Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNINGTON, JUDITH E. KENNINGTON RD. RED BAY FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCFARLAND, MARGARET L 35 MCFARLAND RD., APT 6 DEFUNIAK SPGS. FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 135 McFarland Road Apt. 6
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret McFarland 6/14/96 904 892-5962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #