## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

SIGNATURE:

**FILED** FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H73662 (9)LOMAC ENTERPRISES, INC. Principal Place of Business Mailing Address 135 MCFARLAND ROAD 135 MCFARLAND ROAD DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 08/28/198<u>5</u> Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 21 59-2562477 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ₽ No 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCFARLAND, LORRAINE S. 135 MCFARLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **DEFUNIAK SPRINGS FL 32433** 83 84 City 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 signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE MCFARLAND, FRANK S. 1.2 NAME CR2E034 135 MCFARLAND ROAD STREET ADDRESS 1.3 STREET ADDRESS DEFUNIAK SPRINGS FL 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 2.1 TITLE TITLE MCFARLAND, LORRAINE S. 2.2 NAME NAME 135 MCFARLAND ROAD 2.3 STREET ADDRESS STREET ADDRESS **DEFUNIAK SPRINGS FL** 2. 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 3.1 TITLE TITLE MCFARLAND, FRANK S., JR. 3.2 NAME 135 MCFARLAND ROAD 3.3 STREET ADDRESS STREET ADDRESS DEFUNIAK SPRINGS FL 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE KENNINGTON, JUDITH E. 4. 2 NAME NAME KENNINGTON RD. 4.3 STREET ADDRESS STREET ADDRESS RED BAY FL 4.4 CITY - ST - ZIP CITY - ST - ZIP \_\_\_ Addition DELETE 5.1 TITLE Change TITLE MCFARLAND, MARGARET L NAME 5.2 NAME 135 MCFARLAND ROAD STREET ADDRESS 5 3 STREET ADDRESS DEFUNIAK SPGS. FL 5.4 CITY-ST-ZIP CiTY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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.

Jahr 14, 1998

850-892-2600

Losema S. Mitaland