


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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>H73662</b> (9)					
1. Corporation Name <b>LOMAC ENTERPRISES, INC.</b>					
Principal Place of Business <b>135 MCFARLAND ROAD DEFUNIAK SPRINGS FL 32433 US</b>			Mailing Address <b>135 MCFARLAND ROAD DEFUNIAK SPRINGS FL 32433 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/28/1985</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2562477</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MCFARLAND, LORRAINE S. 135 MCFARLAND ROAD DEFUNIAK SPRINGS FL 32433</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
12. OFFICERS AND DIRECTORS					
TITLE		D		<input type="checkbox"/> DELETE	
NAME		MCFARLAND, FRANK S.			
STREET ADDRESS		135 MCFARLAND ROAD			
CITY-ST-ZIP		DEFUNIAK SPRINGS FL			
TITLE		PD		<input type="checkbox"/> DELETE	
NAME		MCFARLAND, LORRAINE S.			
STREET ADDRESS		135 MCFARLAND ROAD			
CITY-ST-ZIP		DEFUNIAK SPRINGS FL			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		MCFARLAND, FRANK S., JR.			
STREET ADDRESS		135 MCFARLAND ROAD			
CITY-ST-ZIP		DEFUNIAK SPRINGS FL			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		KENNINGTON, JUDITH E.			
STREET ADDRESS		KENNINGTON RD.			
CITY-ST-ZIP		RED BAY FL			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		MCFARLAND, MARGARET L			
STREET ADDRESS		135 MCFARLAND ROAD			
CITY-ST-ZIP		DEFUNIAK SPGS. FL			
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

Lorraine S. McFarland

Jan 14, 1998 850-892-2600

CR2E034 (10/97)