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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

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May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J06088

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LLOYD'S NICE PLACE, INC. Principal Place of Business Mailing Address % SID C. PETERSON JR. 114 JOSEPH DR 418 CANAL STREET **EDGEWATER FL 32141 EDGEWATER FL 32168-7010** 3. Date Incorporated or Qualified Date of Last Report 03/26/1986 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2680764 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PETERSON, SID C. JR. Name 418 CANAL STREET 82 Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32069** 83 84 City 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, typod or printed name of registered agent and intellif applicable (NOTE Registered Agent is greature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 100 F FARRELL, LLOYD K. NAME 1.2 NAME 114 JOSEPH DRIVE STREET ADDRESS 1.3 STREET ADDRESS **EDGEWATER FL** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE 21 1111 8 Change Addition FARRELL, MARILYN J. NAME 2.2 NAME 114 JOSEPH DRIVE STREET ADDRESS 2.8 STREET ADDRESS **EDGEWATER FL** CITY-ST-ZIP 2 4 CHY-S1-7F TITLE DELETE 3.1 THLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-7IP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-7II DELETE TITLE ■ Change Addition 5.0 TITLE 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change Addition 6.1.1111.6 NAME 6.2 NAME STREET ADDRESS 6.8 STREET ADDRESS CITY-ST-ZIP 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 eath; 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.