

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J07736

(8)

1. Corporation Name

LOCO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~M. JOAN KROLL~~
~~PO BOX 308 308 N FLORIDA~~
WAUCHULA FL 33873

664 Peak Rd.

~~M. JOAN KROLL~~
~~PO BOX 308 308 N FLORIDA~~
WAUCHULA FL 33873

P.O. Box 1418



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1986

4. FEI Number

59-2644515

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 664 Peak Rd

Suite, Apt. #, etc.

22

City & State

23 WAUCHULA FL

Zip

24 33873

Country

2a. Mailing Address

26 P.O. Box 1418

Suite, Apt. #, etc.

27

City & State

28 WAUCHULA FL

Zip

29 33873

Country

30

9. Name and Address of Current Registered Agent

~~KROLL, M. JOAN~~
~~200 N FLORIDA~~
~~WAUCHULA FL 33870~~

10. Name and Address of New Registered Agent

81 Name

82 HENDRIK L. CORD, JR.

83 Street Address (P.O. Box Number is Not Acceptable)

1839 S.E. LAKEVIEW DRIVE

84 City

SEBRING

FL

85 Zip Code

33870

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]

(NOTE: Registered Agent signature required when reinstating)

4/30/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CORD, HENDRIK L JR
STREET ADDRESS 2836 QUEENSWOOD DR
CITY-ST-ZIP SEBRING FL

TITLE VTD ☒ DELETE

NAME LOVETT, WILLIAM L., JR.
STREET ADDRESS RT 1, BOX 192A
CITY-ST-ZIP WAUCHULA FL

TITLE DS ☒ DELETE

NAME KROLL, M. JOAN
STREET ADDRESS P. O. BOX 308 N/A
CITY-ST-ZIP WAUCHULA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, S, T, D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1839 S.E. LAKEVIEW DRIVE

1.4 CITY-ST-ZIP SEBRING FL 33870

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE V.D. ☐ Change ☒ Addition

4.2 NAME CORD, KATHARINE E.

4.3 STREET ADDRESS 1839 S.E. LAKEVIEW DRIVE

4.4 CITY-ST-ZIP SEBRING FL 33870

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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.

SIGNATURE

[Signature]

4/30/98 941-773-5800

CR2E034 (1097)