

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J17599 (8)

1. Corporation Name
LOBIL, INC.



Principal Place of Business
15600-12 SAN CARLOS BLVD.
FT. MYERS FL 33908

Mailing Address
P.O. BOX 08628
FT. MYERS FL 33908
US

3. Date Incorporated or Qualified 06/02/1986	3a. Date of Last Report 04/25/1995
4. FEI Number 59-2677751	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

LALOR, WILLIAM B.
P. O. BOX 08628
15600-12 SAN CARLOS BLVD.
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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

Signature of officer or director of the corporation or the registered agent.

Signature of Registered Agent (Signature required only if new agent).

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LALOR, WILLIAM B.	1. TITLE	☐ Change ☐ Addition
NAME	15600-12 SAN CARLOS BLVD	2. NAME	
STREET ADDRESS	FT MYERS FL	3. STREET ADDRESS	
CITY - ST - ZIP	VP	4. CITY - ST - ZIP	
TITLE	LALOR, LOIS ANN	5. TITLE	☐ Change ☐ Addition
NAME	15600-12 SAN CARLOS BLVD	6. NAME	
STREET ADDRESS	FT MYERS FL	7. STREET ADDRESS	
CITY - ST - ZIP		8. CITY - ST - ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE		25. TITLE	☐ Change ☐ Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY - ST - ZIP		28. CITY - ST - ZIP	

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 registered agent 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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Lalor

4-19-96

Date

9415
4814333

Date

CR2E034 (12/95)