

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 28 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| DOCUMENT # J17599 (8) |
| 1. Corporation Name LOBIL, INC. |

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| Principal Place of Business 15800-12 SAN CARLOS BLVD. FT. MYERS FL 33908 | Mailing Address P.O. BOX 08628 FT. MYERS FL 33908 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 11600-104 Gladiolus Dr Suite, Apt. #, etc. 22 City & State 23 Ft. MYERS, FL Zip 24 33908 | 2a. Mailing Address 25 11600-104 GLADIOLUS DR. Suite, Apt. #, etc. 26 City & State 27 Ft. MYERS FL Zip 28 33908 | 3. Date Incorporated or Qualified 06/02/1986 | 3a. Date of Last Report 04/24/1996 | 4. FEI Number 59-2677751 | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent LALOR, WILLIAM B. P. O. BOX 08628 15800-12 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) 11600-104 GLADIOLUS DR 83 84 City Ft. MYERS FL 85 Zip Code 33908 |
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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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

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| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE P NAME LALOR, WILLIAM B. STREET ADDRESS 15800-12 SAN CARLOS BLVD CITY-ST-ZIP FT MYERS FL | 1.1 TITLE LALOR, William B., P. 1.2 NAME 1.3 STREET ADDRESS 11600-104 GLADIOLUS DR. 1.4 CITY-ST-ZIP Ft. MYERS FL 33908 |
| TITLE VP NAME LALOR, LOIS ANN STREET ADDRESS 15800-12 SAN CARLOS BLVD CITY-ST-ZIP FT MYERS FL | 2.1 TITLE VP. 2.2 NAME LALOR, LOIS 2.3 STREET ADDRESS 11600-104 GLADIOLUS DR. 2.4 CITY-ST-ZIP Ft. MYERS FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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: _____ 7/2/97 941-1181-11522

CR2E034 (4/97)