

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

CORPORATION,
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
H. ROBERT MATHIAS
TALLAHASSEE, FLORIDA 32301-0001
TELEPHONE: (904) 498-0001

APPROVED
AND
FILED

MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35591

(3)

Corporate Name
LGDI, INC.

6910 SHADY PL
TAMPA FL 33634-2948

6910 SHADY PL
TAMPA FL 33634-2948

Date of Filing: 02/14/1994

2. Principal Place of Business
21. 12119 Glenduff Circle
22. Tampa FL
23. 33626 USA
24. 33626 25. USA
26. 12119 Glenduff Circle
27. Tampa FL
28. 33626 29. USA
30. USA

3. Date incorporated in Florida: 09/30/1986
3a. Date of Last Report: 02/14/1994
4. FET Number: 59-2353088
5. Certificate of Status: Domestic ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing: Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Does corporation have a website? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CLARK, JANICE H.
6910 SHADY PLACE
TAMPA FL 33634

10. Name and Address of New Registered Agent
81. Name: Clark, Janice H.
82. Street Address (P.O. Box Number, Not Applicable): 12119 Glenduff Circle
83. City: Tampa
84. State: FL
85. Zip Code: 33626

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is in good standing under the laws of the State of Florida, and that the above named corporation is in good standing under the laws of the State of Florida.

SIGNATURE: Janice Benware 5-3-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995
NAME: BENWARE, JANICE L ADDRESS: 6910 SHADY PLACE TAMPA FL ST BENWARE, MICHAEL D ADDRESS: 6910 SHADY PLACE TAMPA FL 33634	NAME: Benware, Janice L ADDRESS: 12119 Glenduff Circle Tampa, FL 33626 ST Benware, Michael D ADDRESS: 12119 Glenduff Circle Tampa, FL 33626
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 339.01 and 339.02, Florida Statutes. Further, I certify that the information submitted 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 339, Florida Statutes, and that my name appears on Block 13 of this report or on an attachment with an address.

SIGNATURE: Janice Benware 5-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR FILER OR DIRECTOR