

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J43255

(5)

1. Corporation Name

THE HOUSE OF LAMB, INC.



Principal Place of Business

**2319 W MAIN ST
LEESBURG FL 34748-6159
US**

Mailing Address

**7630 FROG LOG LANE
LEESBURG FL 34748-6159**

3. Date Incorporated or Qualified
11/17/1986

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **2319 W. MAIN ST**

26 **7630 Frog log lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Leesburg**

27 **Leesburg**

City & State

City & State

23 **Fla.**

28 **Fla.**

Zip

Country

Zip

Country

24 **34748**

25 **LAKE**

29 **34748**

30 **LAKE**

4. FEI Number
59-2764232

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLUE, DAVID
7630 FROGLOG LANE
LEESBURG FL 34748**

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

Sheila Blue

(NOTE: Registered Agent signature required when reinstating)

1/19/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BLUE, DAVID
STREET ADDRESS
7630 FROGLOG LANE
CITY- ST- ZIP
LEESBURG FL

TITLE ☐ DELETE

NAME
DVPC
STREET ADDRESS
BLUE, SHEILA
CITY- ST- ZIP
7630 FROGLOG LN
LEESBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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 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:

Sheila Blue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 352-787-1884
Date Daytime Phone #

CR2E034 (12/95)