

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:16

DOCUMENT # **K15175** (8)
1. Corporation Name:
LEXICO CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 601 ELCKAM CIR. B-3
P.O. BOX 900
MARCO ISLAND FL 32937
US

Mailing Address: 601 ELCKAM CIR. B-3
MARCO ISLAND FL 32937
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **02/11/1988** 3a. Date of Last Report: **02/23/1994**

2. Principal Place of Formation: 21. State of Formation: **26**

22. City & State: **27**

23. City & State: **28**

24. City & State: **29**

25. City & State: **30**

4. FE Number: **65-0060410** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Expenses: \$5.00 May Be Added to Fees

7. Has the corporation this liability for unpaid taxes under 218. Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAUSLER, GARY J., ESQ.
601 ELCKAM CIR B-3
MARCO ISLAND FL 33937

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ FL 85. Zip Code: _____

11. I, the undersigned, being a resident of this State, hereby certify that the above-stated information is true and correct to the best of my knowledge and belief, and that the undersigned is a resident of this State. (Signature: *Gary J. Hausler*)

SIGNATURE

3/2/95

12. OFFICERS AND DIRECTORS:

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:

NAME	PTD HOAG, ROD 797 S. BARFIELD DRIVE MARCO ISLAND FL SD
NAME	HOAG, ELEANOR 797 S. BARFIELD DRIVE MARCO ISLAND FL D
NAME	HOAG, LEXINE 57 FRONT STREET, #1 BEVERLY MA

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 219.03 and Florida Statutes. I further certify that the information furnished on this report is supplemental, accurate and complete and that the signatories who prepare this report effect it as if such number which that can be altered or new for the corporation or the individual employees to execute this report as required by Chapter 207, Florida Statutes, and that the name appears in Block 12 or Block 13 if changed or an attachment with an address.

SIGNATURE: *Rod Hoag*
SIGNATURE AND TITLE OF PRINTED NAME OF CHIEF OFFICER OR DIRECTOR

3/2/95 513-672-9900