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 APR 18 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K54551** **(2)**

1. Corporation Name

L V T, INC.

Principal Place of Business	Mailing Address
16565 VANDERBILT DR. 16565 VANDERBILE DR. BONITA SPRINGS FL 33923	16565 VANDERBILT DR. 16565 VANDERBILE DR. BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/29/1988
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: Suite 1	Suite, Apt. #, etc. 27: Suite 1
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0088267 ☐ 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
WRIGHT, LINDA 16565 VANDERBILT DR. BONITA SPRINGS FL 33923	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 16565 Vanderbilt Drive, Suite 1 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	XX Change ☐ Addition	
NAME	WRIGHT, LINDA	12 NAME		
STREET ADDRESS	16565 VANDERBILT DR.	13 STREET ADDRESS	16565 Vanderbilt Drive, Suite 1	
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	XX Change ☐ Addition	
NAME	WALLACE, LYDIA J.	22 NAME		
STREET ADDRESS	16565 VANDERBILT DR.	23 STREET ADDRESS	16565 Vanderbilt Drive, Suite 1	
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE	XX Change ☐ Addition	
NAME	WALLACE, DENISE L.	32 NAME		
STREET ADDRESS	16565 VANDERBILT DR.	33 STREET ADDRESS	16565 Vanderbilt Drive, Suite 1	
CITY-ST-ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP		
TITLE	VPD	41 TITLE	XX Change ☐ Addition	
NAME	HOGUE-HALL, CINDY L.	42 NAME		
STREET ADDRESS	16565 VANDERBILT DR.	43 STREET ADDRESS	16565 Vanderbilt Drive, Suite 1	
CITY-ST-ZIP	BONITA SPRINGS FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: C.L. Hall C.L. HALL 1/17/95 813 992-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0823014 CP