

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L56332** (4)

1. Corporation Name

LVD COMPANIES, INC.

Principal Place of Business

**3048 GULF BREEZE PKWY
GULF BREEZE FL 32561
US**

Mailing Address

**3048 GULF BREEZE PKWY.
GULF BREEZE FL 32561
US**

2. Principal Place of Business

2a. Mailing Address

21 **1003 PANFERIO DR.**

26 **1003 PANFERIO DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

PENSACOLA BCH., FL.

City & State

PENSACOLA BCH., FL.

Zip

Country

Zip

Country

24 **32561**

25 **ESCAMBIA**

29 **32561**

30 **ESCAMBIA**

g. Name and Address of Current Registered Agent

**DULION, LEON V., III
1003 PANFERIO DR.
PENSACOLA BCH FL 32561**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **DULION, LEON V., III**
STREET ADDRESS **1003 PANFERIO DR.**
CITY-ST-ZIP **PENSACOLA BCH FL**

TITLE **DT** ☐ DELETE
NAME **DULION, NELL B.**
STREET ADDRESS **1003 PANFERIO DR.**
CITY-ST-ZIP **PENSACOLA BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEON V. DULION III

4-26-96 (904) 934-0528



3. Date Incorporated or Qualified

03/07/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3000022

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, the 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

Agent signature required when reinstating

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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