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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT** #

(4)

1. Corporation Name DENNIS R. LUCAS INC.

Principal Place of Business Mailing Address								
								1000 TAMIAMI TRAIL 302
NAPLES FL 33940 US		Naples FL 33942 Us			<ol> <li>Date Incorporated or Qualified 05/11/1990</li> </ol>	3a. Date of Last Report 05/01/1995		
2. Principal Place of Busin	ess	2a. Mailing Address	ANIAMI	TRHN	4. FEI Number 65-0202915	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State  28 NAOLES	F		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Addled to Fees		
	Country 25	<sup>Zip</sup> 33940	Country 30 U	5, 4.	8. This corporation has liability for in Florida Statutes Yes	<b>™</b> No		
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<u> </u>			81	Name	<del></del>			
LUCAS, DENNIS R. 10431 WINDSOR WAY			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
1000 TAMIAMI TF	RAIL N #302		83					
NAPLES FL 3394			84	'		FL 85 Zip Code		
11. Pursuant to the provis	sions of Sections 607.0502	2 and 607.1508, Florida Statut	tes, the above	named corpora	ation submits this statement for the pur	pose 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable (NOT 12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
tille	PD	DELETE	1 1 TITLE	☐ Chanqe	Addition	
NAME	LUCAS, DENNIR R.		1.2 NAME			
STREET ADDRESS	1000 TAMIAMI TRAIL N #302		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP			
TITLE	VD	DELETE	2 1 TITLE	Change	☐ Addition	
NAME	CORBO, DEBRA M.		2 2 NAME			
STREET ADDRESS	4760 TAMIAMI TRAIL N #1A		2 3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		2 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE	Change	☐ Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CHTY - ST - ZIP		FT LOUDE	
THLE		☐ DELETE	4. 1 TITLE	☐ Char ge	Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5. 1 TITLE	Change	☐ Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-S1-ZIP			5.4 CITY - ST - ZIP	F1.0	- Addition	
THILE		DELETE	6 1 TITLE	Change	Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
-			6 4 CITY - ST - ZIP	for the exemption stated in Section 119.07(3)(k), Florida Statu		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. Flurther 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 contraction 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, if on an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICE R OR DIRECTOR

4-26-96

262-5851 Daytine Fhorie #