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

1. Corpo	CUMENT ration Name BR LOCKWO		1	(1)										
C/O .	Place of Business JOHN W. LOCKWO	000	M	Mailing Address C/O JOHN W. LOCKWOOD 300 OCEAN BOULEVARD. UNIT #6					1811 1 888	(FI 81911 01811 18 1	ł	
MELBOURNE BEACH FL 32951				MELBOURNE BEACH FL 32951				e Iricorporated or Qual 05/30/1990	ified		of Last Re 04/25/19			
2. Princip	2. Principal Place of Business			2a. Mailing Address				4. FEI	Number				Applied For	
A			26	Puito Ant III ata				59-3013141				Vot Applicable	€	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5 . Cer	tificate of Status Desire	ed		-,	Additional Required		
City & State				City & State				Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees		
Zip 24	Country 25			Zip Country					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No					
	9, Name	and Address of Current	lered Agent					10. Name and Address of New Registered Agent						
						B1	Name							
LOCKWOOD, JOHN W. 300 OCEAN BLVD. UNIT #6 MELBOURNE BEACH FL 32951						82	Street Add	ddress (P.O. Box Number is Not Acceptable)					\dashv	
					}	83								
							84 City				FL	85 Zip	o Code	
11. Pursi or re- famili	uant to the provisi gistered agent, or iar with, and acce	ions of Sections 607,0502 both, in the State of Florid pt the obligations of, Section	and 60 la. Such on 607.	7.1508, Florida Statute: n change was authorize 0505, Florida Statutes	s, the abou d by the co	e-n	amed corporation's bo	oration submoard of direct	nits this statement for thors. I hereby accept the	ne purp e appoi	ose of cha ntment as	anging its r registered	egistered offic agent. I am	жe
SIGNATU		or printed name of registered again.	and the Fr	applicacio d'NOT	E Registered /	Agent	signature requi	pired when reinstal		· · · · · · · · · · · · · · · · · · ·	DATE			۵
12.		OFFICERS AND	DIREC	the second reservoir and the second contract and account to	13.			ADI	DITIONS/CHANGES TO	OFFIC	ERS AND	DIRECTO	 	⊒ §
TITLE	PSD LOCKWOOD HOUN W			☐ DELETE	1 1 THTLE					[Change	Addition	CR2E034 (12/95)	
NAME LOCKWOOD, JOHN W. STREET ADDRESS 300 OCEAN BLVD.,UNIT 6					1.2 NAME								旨	
STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL							1.3 STREET ADDRESS 1.4 CHTY- ST-ZIP							띬
TITLE	VTD			DELETE		2 1 TiflE			TENERS AT THE BAPTAMA WAS IN MARKET , AND BARTA AREA, AND		Г	Change	Addition	⊣წ
NAME	LOCKWOOD, RUTH K.					22 NAME					_	_ `		
STREET ADD	STREET ADDRESS 300 OCEAN BLVD.,UNIT 6			235			ADDRESS							
CITY-ST-ZIP MELBOURNE BEACH FL				2.4 CIT	2.4 CITY-ST-ZIP									
TITLE				☐ DELETE	3. 1 TITLE							Change	Addition	
NAME					3.2 NAI	-								
STREET ADDRESS							ADDRESS							
CITY-ST-7IP TITLE				DELETE			3 4 CHY-SI-ZIP 4 1 TITLE					Change	Addition	
NAME	1			- Section	4 2 NA								riduition	-
STREET ADD	RESS						ADDRESS							-
CITY-ST-ZIF	1				4.4 CIT									
TITLE				DELFIE 5 1								Change	Addition	7
NAME				52 NA									-	
STREET ADDRESS				53 STRE			ADDRESS							-
CITY-ST-ZIP			,	5.4 CI			- ZIP							
TITLE				DELETE 6 1							[Change	Addition	
NAME				62 NA										-
STREET ADD	1						RESERDO							
14. I do I		the information supplied w	vith the	filing is voluntarily furnis	64 CIT			v for the exer	notion stated in Section	1190	7/3)/k) Fin	orida Statut	es I further	\dashv

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 armual 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

BIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR