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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L77171

(1)

J&R LOCKWOOD, INC.

**FILED** Mar 12 1997 8:00am Secretary of State

a section of the sect	•	 

	ce of Business	Mailing Address					
C/O JOHN W. LOCKWOOD 300 OCEAN BOULEVARD. UNIT #6 MELBOURNE BEACH FL 32951		300 OCEAN BOULEVARI	C/O JOHN W. LOCKWOOD 300 OCEAN BOULEVARD. UNIT #6 COLUMN SECULO COLUMN MELBOURNE BEACH FL 32951-2571		to the second se		
				<ol> <li>Date Incorporated or Qualifi 05/30/1990</li> </ol>	3a. Date of Last Repo 05/01/1996	ort	
2. Principa I	Place of Business	2a. Mailing Address		4. FEI Number	Applie	ed For	
21		26		59-3013141		pplicable	
Suite: Apt	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add		
City & St	00	City & State		6. Election Campaign Financin	g \$5.00 Ma	v Be	
23		28		Trust Fund Contribution	Added to F		
Ζp <b>24</b> ]	Cauntry	Ζιρ <b>29</b>	Country 30	This corporation has liability     Florida Statutes	for intangible tax under s. 19 X Yes No	9.032,	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New	v Registered Agent		
	CKWOOD, JOHN W.		81 Name				
	OCEAN BLVD.		82 Street Add	dress (P.O. Box Number is Not Acce	eptable)		
	T#6						
MEL	BOURNE BEACH FL 32951		83	•			
			84 City		FL 85 Zip Coo	de	
11. Porsoan	t to the provisions of Sections 607.05	02 and 607 1508 Florida Sta	tutes, the above-named co	propration submits this statement for t	the nurnose of changing its re	agistered	
office or	registered agent, or both, in the Stat	te of Florida. Such change wa	as authorized by the corpora	ration's board of directors. I hereby a	ccept the appointment as rec	istered	
	ani familiar with, and accept the obli	galiticis or, section por poos,	ribrida Statutes.				
agent I SIGNATURE				guired when reinstating)	DATE		
V	Stgentact, haven or premed have of registered a		NOTE Registered Agent signature req.		DATE DEFICERS AND DIRECTORS I	N 12	
SIGNATURE	Stgentact, haven or premed have of registered a	gent and tire if applicable R	NOTE: Registered Agent signature req		FFICERS AND DIRECTORS I		
SIGNATURE	Styrotac, head or paned have of repitered a OFFICERS A	gent and fee if applicable R ND DIRECTORS	NOTE. Registered Agent signature req		FFICERS AND DIRECTORS I		
SIGNATURE  12. TILLE	Styleature, hydron or a united frame of right scene of a OFFICERS AT PSD LOCKWOOD, JOHN W. 300 OCEAN BLVD.,UNIT 6	gent and fee if applicable R ND DIRECTORS	NOTE: Registered Agent signature req.  13.  1.1 TITLE		FFICERS AND DIRECTORS I		
SIGNATURE  12. TILLE NAME	Stgrature, typica or a repert harmond registered a OFFICERS A PSD LOCKWOOD, JOHN W.	gent and fee if applicable R ND DIRECTORS	NOTE: Registored Agent signature req.  13. 1.1 TITLE 1.2 NAME		FFICERS AND DIRECTORS I		
SIGNATURE  12. TULE NAME SIPEE ACCRESS	OFFICERS A  PSD LOCKWOOD, JOHN W. 300 OCEAN BLYD.,UNIT 6 MELBOURNE BEACH FL	gent and fee if applicable R ND DIRECTORS	NOTE: Registored Agent signature req.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO O	DEFICERS AND DIRECTORS I	Addition	
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