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CORPORATION ANNUAL REPORT 1995

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

$ 2.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:53

DOCUMENT # L86391 (4)

1. Corporation Name
LOBO'S SERVICES, INC.

Principal Place of Business	Mailing Address
110 W RICH AVE DELAND FL 32720 US	110 W. RICH AVENUE DELAND FL 32720 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1990
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21 126 N. Woodland Blvd	26 126 N. Woodland Blvd
22 Suite C	27 Suite C
23 DeLand, FL	28 DeLand, FL
24 Zip 32720 / 25 Country Volusia	29 Zip 32720 / 30 Country Volusia

4. FEI Number: 59-3030942 ☐ 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

JOHNSON, PETER K.
108 S. ST. ANDREWS
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: Peter K. Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 126 N. Woodland Blvd.
83 Suite C
84 City: DeLand FL 85 Zip Code: 32720

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: Peter K. Johnson (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: March 10, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, PETER K	1.2 NAME	X
STREET ADDRESS	108 S SAINT ANDREWS DR	1.3 STREET ADDRESS	Peter K. Johnson
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	126 N. Woodland Blvd., Suite C DeLand, Fl 32720
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Peter K. Johnson March 10, 1995 904-736-1505
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Telephone

0035874 CP