FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M45798** **(9)**

1. Corporation Name

LBB PROPERTIES, INC.

Principal Place of Business	Mailing Address
8825 TAMIAMI TRAIL EAST **NAPLES FL 33962**	**8825 TAMIAMI TRAIL EAST** **NAPLES FL 33962**

3. Date Incorporated or Qualified: **02/02/1987**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business — 21
Street Address, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Street Address, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **59-2798453** ☐ 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

ROGERS, WALTER
4099 TAMIAMI TRAIL NORTH
NAPLES FL 33940

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

11. Pursuant to the provisions of Sections 607.0402 and 607.1502, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	P	☐ DELETE	1 TITLE	P	☒ Change ☐ Addition
1 NAME	~~AGNELLI, JOHN J.~~		1 NAME	Luke de Lange	
1 STREET ADDRESS	~~373 BAYMEADOWS DR~~		1 STREET ADDRESS	8825 East Tamiami Trail	
1 CITY-ST-ZIP	~~NAPLES FL~~		1 CITY-ST-ZIP	Naples, FL 33962	
2 TITLE	V	☐ DELETE	2 TITLE		☐ Change ☐ Addition
2 NAME	BRASETH, ROBERT		2 NAME		
2 STREET ADDRESS	5010 SAXONY CT		2 STREET ADDRESS		
2 CITY-ST-ZIP	CAPE CORAL FL		2 CITY-ST-ZIP		
3 TITLE	STD	☐ DELETE	3 TITLE		☐ Change ☐ Addition
3 NAME	BOOM, JORIS		3 NAME		
3 STREET ADDRESS	BUTZENWEG 20		3 STREET ADDRESS		
3 CITY-ST-ZIP	ZUG, SWITZERLAND		3 CITY-ST-ZIP		
4 TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Addition
4 NAME			4 NAME		
4 STREET ADDRESS			4 STREET ADDRESS		
4 CITY-ST-ZIP			4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
5 NAME			5 NAME		
5 STREET ADDRESS			5 STREET ADDRESS		
5 CITY-ST-ZIP			5 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
6 NAME			6 NAME		
6 STREET ADDRESS			6 STREET ADDRESS		
6 CITY-ST-ZIP			6 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Luke de Lange — February 9, 1996 — 941-774-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #