

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04651** (8)
1. Corporation Name
LOCH LOMOND ESTATES, INC.

Principal Place of Business Mailing Address
500 NEW YORK AVENUE DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 30

3. Date Incorporated or Qualified **08/09/1984** 3a. Date of Last Report **02/01/1994**
4. FEI Number **59-2624349** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TARR, LANCE
500 NEW YORK AVE.
DUNEDIN FL 34698

10. Name and Address of New Registered Agent
B1 Name **BEDFORD DON**
B2 Street Address (P.O. Box Number is Not Acceptable) **500 NEW YORK AVE.**
B3
B4 City **DUNEDIN** FL B5 Zip Code **34698**

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 **DON BEDFORD (DIRECTOR)** *Don Bedford* DATE **FEB 3/95**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAZEY, DAVE
STREET ADDRESS	1061 FERN ROAD
CITY - ST - ZIP	ONTARIO CA
TITLE	VP
NAME	BROWN, JACK
STREET ADDRESS	40 BUCHANAN DR.
CITY - ST - ZIP	CALEDONIA ON
TITLE	D
NAME	TARR, LANCE
STREET ADDRESS	500 NEW YORK AVE. UNIT 24
CITY - ST - ZIP	DUNEDIN FL
TITLE	T
NAME	BROWN, LAURA
STREET ADDRESS	40 BUCHANAN DR.
CITY - ST - ZIP	CALEDONIA ON
TITLE	S
NAME	BORG, ALICE
STREET ADDRESS	1061 FERN ROAD
CITY - ST - ZIP	BELLEWART ON
TITLE	D
NAME	BERRY, LAURA
STREET ADDRESS	500 NEW YORK AVE. UNIT 13
CITY - ST - ZIP	DUNEDIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEDFORD, DON
3.3 STREET ADDRESS	500 NEW YORK AVE #15
3.4 CITY - ST - ZIP	DUNEDIN FL. 34698
4.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BEDFORD, SYLVIA
4.3 STREET ADDRESS	500 NEW YORK AVE #15
4.4 CITY - ST - ZIP	DUNEDIN FL. 34698
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 118.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DAVE GAZEY** *Dave Gazeay* DATE **FEB 3/95** OFFICE PHONE # **734-3181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR