

FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 9:24

DOCUMENT # N05660 (8)

1. Corporation Name

LOCKHEED EMPLOYEE BUCKS-OF-THE-MONTH CLUB, LOCKH
EED SPACE OPERATIONS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1100 LOCKHEED WAY
TITUSVILLE FL 32780

1100 LOCKHEED WAY
TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2421310

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

HODGE, JANET E.
1100 LOCKHEED WAY LSO-339
TITUSVILLE FL 32780

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 607.0502 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

Signature of person or certified names of registered agent (use title if applicable)

(If (31) Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RUDOLPH, J.W.
STREET ADDRESS 3467 ROCKY GAP PLACE
CITY ST ZIP COCOA FL

11 TITLE ☐ Change ☐ Addition

TITLE D
NAME WINKEL, M.L.
STREET ADDRESS 4374 LONGBOW DRIVE
CITY ST ZIP TITUSVILLE FL

12 NAME ☐ Change ☐ Addition

TITLE D
NAME DANA, M.C.
STREET ADDRESS 2405 ADAMSON ROAD
CITY ST ZIP COCOA FL

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE D
NAME LAMAR, J. F.
STREET ADDRESS 5800 N BANANA RIVER DR
CITY ST ZIP CAPE CANAVERAL FL

14 CITY ST ZIP ☐ Change ☐ Addition

TITLE PD
NAME COTTRELL, JANIE
STREET ADDRESS 1545 FAIRLANE DRIVE
CITY ST ZIP TITUSVILLE FL

15 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

16 STREET ADDRESS ☐ Change ☐ Addition

17 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JEANNE F LAMAR

JEANNE F LAMAR

4/27/95

861-4931