

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35186** (6)

1. Corporation Name
LLOYD W. AUBRY CO., INC.

Principal Place of Business

1394 ROLLINS RD.
BURLINGAME CA 94010

Main Address

1394 ROLLINS RD.
BURLINGAME CA 94010



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.05(6) 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 607.05(6) Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

12

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> OFFICER
NAME	BUTLER, ROBERT J	
STREET ADDRESS	1394 ROLLINS RD.	
CITY, ST, ZIP	BURLINGAME CA	
TITLE	VD	<input type="checkbox"/> DIRECTOR
NAME	KELLY, THOMAS A	
STREET ADDRESS	1394 ROLLINS RD.	
CITY, ST, ZIP	BURLINGAME CA	
TITLE	VPS	<input type="checkbox"/> DIRECTOR
NAME	KENNEY, RITA L	
STREET ADDRESS	1394 ROLLINS RD.	
CITY, ST, ZIP	BURLINGAME CA	
TITLE	D	<input type="checkbox"/> DIRECTOR
NAME	KELLY, ELIZABETH C.	
STREET ADDRESS	1394 ROLLINS RD.	
CITY, ST, ZIP	BURLINGAME CA	
TITLE	D	<input type="checkbox"/> DIRECTOR
NAME	BUTLER, DIANE R.	
STREET ADDRESS	1394 ROLLINS RD.	
CITY, ST, ZIP	BURLINGAME CA	
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 TITLE	
19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 STREET ADDRESS	
21 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 TITLE	
26 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 STREET ADDRESS	
28 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 NAME	
30 STREET ADDRESS	
31 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form was voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information included 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; that the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or supplemental report as a filer.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

(415) 348-9038

CR2E034 (12/95)