

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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**

Mailing Address  
**1394 ROLLINS RD.  
 BURLINGAME CA 94010-2410**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/19/1991</b>	3a. Date of Last Report <b>03/20/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>94-1538980</b>	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. Country	30. Country	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Type or print name of registered agent (and title, if applicable) (NOTE: Registered Agent signature required when reappointing))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, ROBERT J</b>	1.2 NAME	
STREET ADDRESS	<b>1394 ROLLINS RD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BURLINGAME CA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, THOMAS A</b>	2.2 NAME	
STREET ADDRESS	<b>1394 ROLLINS RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BURLINGAME CA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VPS</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Vice President/Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNEY, RITA L</b>	3.2 NAME	<b>John Jay Butler</b>
STREET ADDRESS	<b>1394 ROLLINS RD.</b>	3.3 STREET ADDRESS	<b>1823 Ridgeland Circle</b>
CITY - ST - ZIP	<b>BURLINGAME CA</b>	3.4 CITY - ST - ZIP	<b>Danville, CA. 94526</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, ELIZABETH C.</b>	4.2 NAME	
STREET ADDRESS	<b>1394 ROLLINS RD.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BURLINGAME CA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, DIANE R.</b>	5.2 NAME	
STREET ADDRESS	<b>1394 ROLLINS RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BURLINGAME CA</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYPHONE PHONE: # \_\_\_\_\_  
(Type or print name of signing officer or director)

CR2E034 (9/96)