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Feb 06, 1999 8:00am  
Secretary of State

02-06-1999 90002 031 \*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P35186

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
08/19/1991

4. FEI Number  
94-1538980

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating) 08/19/1991

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, ROBERT J	1.2 NAME	04-1538980
STREET ADDRESS	1394 ROLLINS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, THOMAS A	2.2 NAME	
STREET ADDRESS	1394 ROLLINS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	2.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JOHN JAY	3.2 NAME	
STREET ADDRESS	1823 RIDGELAND CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, ELIZABETH C.	4.2 NAME	
STREET ADDRESS	1394 ROLLINS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, DIANE R.	5.2 NAME	08/19/1991
STREET ADDRESS	1394 ROLLINS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	5.4 CITY-ST-ZIP	94-1538980
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, ROBERT J	6.2 NAME	
STREET ADDRESS	1394 ROLLINS RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: KATHERINE HARRIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 650348-9038  
Date Daytime Phone #

CR2E034 (1/198)

05-55-25

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