

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

**FILED**  
**Jan 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36844 (9)**

1. Corporation Name  
**L B PROPERTIES, INC.**



Principal Place of Business <b>115 EAST SOUTH STREET                  GALESBURG IL 61401</b>	Mailing Address <b>115 EAST SOUTH STREET                  GALESBURG IL 61401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1991</b>	
21	22	26	27	4. FEI Number <b>37-1272792</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent <b>WEISS, ROBERT A.                  118 NORTH GADSDEN STREET                  TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
					85 Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 607.0507 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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIKE, DONALD E.</b>	1.2 NAME	
STREET ADDRESS	<b>129 VALLEY VIEW ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GALESBURG IL 61401</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ASD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIKE, MARIE T.</b>	2.2 NAME	
STREET ADDRESS	<b>129 VALLEY VIEW ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GALESBURG IL 61401</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX, VERNA J.</b>	3.2 NAME	
STREET ADDRESS	<b>303 S. WASHINGTON</b>	3.3 STREET ADDRESS	<b>Abingdon, IL 61410</b>
CITY-ST-ZIP	<b>ABINGDON IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADKINS, NICHOLAS L.</b>	4.2 NAME	
STREET ADDRESS	<b>4707 BRIDALWOOD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEORIA IL 61615</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 \_\_\_\_\_ **Verna J. Cox** 1-9-98 300/262-1550

CR2E034 (10/97)