

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 2:00

DOCUMENT # P37300 (1)

1. Corporation Name

LORMARK, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2701 SW 2ND AVE
FT. LAUDERDALE FL 33315
US

Mailing Address

P.O. BOX 3629
TULSA OK 74104-3629

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/30/1992

3a. Date of Last Report

01/31/1994

4. FEI Number

73-1397162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under a 1994
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

22

State Apt # etc

27

City & State

23

City & State

28

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH 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, 608, and 609, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in this State of Florida. This change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the responsibility for the filing of this report.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of New Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

12a. Name

12b. Title

12c. Street Address

12d. City & State

**PCD
SIEGFRIED, ROBIN
6930 NORTH LAKEWOOD
TULSA OK**

12e. City & State

12f. Name

12g. Title

12h. Street Address

12i. City & State

**V
SIEGFRIED, CHERRIE
6930 N. LAKEWOOD
TULSA OK**

12j. City & State

12k. Name

12l. Title

12m. Street Address

12n. City & State

**S
RICHMAN, RON
6930 NORTH LAKEWOOD
TULSA OK**

12o. City & State

12p. Name

12q. Title

12r. Street Address

12s. City & State

**T
STEPHENS, TOM
6930 N. LAKEWOOD
TULSA OK**

12t. City & State

12u. Name

12v. Title

12w. Street Address

12x. City & State

12y. Name

12z. Title

12aa. Street Address

12ab. City & State

12ac. Name

12ad. Title

12ae. Street Address

12af. City & State

12ag. Name

12ah. Title

12ai. Street Address

12aj. City & State

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. Name

13b. Title

13c. Street Address

13d. City & State

☐ Change ☐ Addition

13e. City & State

13f. Name

13g. Title

13h. Street Address

13i. City & State

☐ Change ☐ Addition

13j. City & State

13k. Name

13l. Title

13m. Street Address

13n. City & State

☐ Change ☐ Addition

13o. City & State

13p. Name

13q. Title

13r. Street Address

13s. City & State

☐ Change ☐ Addition

13t. City & State

13u. Name

13v. Title

13w. Street Address

13x. City & State

☐ Change ☐ Addition

13y. Name

13z. Title

13aa. Street Address

13ab. City & State

☐ Change ☐ Addition

13ac. Name

13ad. Title

13ae. Street Address

13af. City & State

☐ Change ☐ Addition

13ag. Name

13ah. Title

13ai. Street Address

13aj. City & State

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 135.07(2)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplementary 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 this corporation or the registered or resident 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. I am an attached to with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer