FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028256 (4)

1. Corporation Name
L & V MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
11101 NORTH DALE MABRY HWY. TAMPA FL 33618	11101 NORTH DALE MABRY HWY. TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3230293	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 6950 CENTRAL AVENUE	26 6950 CENTRAL AVENUE
Suite, Apt. #, etc. 22 SUITE 160	Suite, Apt. #, etc. 27 SUITE 160
City & State 23 ST. PETERSBURG FL	City & State 28 ST. PETERSBURG FL
Zip / Country 24 33707 / 25	Zip / Country 29 33707 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAMSON, PAUL L 11101 NORTH DALE MABRY HWY. TAMPA FL 33618	81 Name: MARION L. SAMSON-JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable): 6950 CENTRAL AVENUE, SUITE 160 83 84 City: ST. PETERSBURG FL 85 Zip Code: 33707

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: Marion L. Samson-Joseph DATE: 2/23/95
(If changing, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	SAMSON, PAUL L	1.2 NAME	PAUL L. SAMSON
STREET ADDRESS	11101 N. DALE MABRY HWY.	1.3 STREET ADDRESS	11101 NORTH DALE MABRY
CITY-ST-ZIP	TAMPA FL 33618	1.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE		2.1 TITLE	S/T /D ☐ Change ☒ Addition
NAME		2.2 NAME	MARION L. SAMSON-JOSEPH
STREET ADDRESS		2.3 STREET ADDRESS	6950 CENTRAL AVENUE, SUITE 160
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33707
TITLE		3.1 TITLE	VP /D ☐ Change ☒ Addition
NAME		3.2 NAME	ALAN P. STEINBACH
STREET ADDRESS		3.3 STREET ADDRESS	6950 CENTRAL AVENUE, SUITE 160
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33707
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 above or on an attached supplemental sheet, if any.

SIGNATURE: Alan P. Steinbach V.P. 2/28/95 813-34-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200003 CP