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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 30 1997 8:00am

Secretary of State

DOCUMENT # P9300040805 (2)

THE LOCKE GROUP, INC.

						<b>18</b> 111 8121 88126 1616 <b>8818</b> 8111 1881
Principal Place of Business Mailing Address					1 (99)159( (18 19199 )(()) 09)(( 08)() 08)()	98111 BIBIT BEIST TEITT SETEN ERTT TEET
47A SHORELAND DRIVE KEY LARGO FL 33037		47A SHORELAND DRIVE KEY LARGO FL 33037-4752				
*					3. Date Incorporated or Qualified 06/09/1993	3a. Date of Last Report 06/20/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0426623	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & Cloto	City & State			Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		7ip Country		This corporation has liability for it.	
24	hours hours		30			Yes X No
	9, Name and Address of Curre	t t			10. Name and Address of New Re	gistered Agent
MOM	NNEY, NEIL T.		81	Name		
47A	SHORELAND DR.		82 Street Ad		dress (P.O. Box Number is Not Acceptab	le)
KEY	LARGO FL 33037		-			
			83			7.0.1
			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 ay	ent and title dample able (NC)	II. Broistered Ac	eel s onature red	pured when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	□ DELETE 11				Change Addition
NAME	MONNEY, NEIL T		1.2 NAME			
STREET ADDRESS	47A SHORELAND DRIVE		13 STREE	T ADDRESS .		
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		
TITLE			21 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CHY- 3.1 THLE	ST-ZIP		Change Addition
NAME		<u>_</u>	3.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			3.4, CHY-	1		
TITLE		☐ DELETE	4.1 THE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 S1REE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -	ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			1	1 ADORESS		
CITY-ST-ZIP		Tho tie	5.4 C(TY-	S1-ZIP		Change Addition
TITLE		∐ DECETE	6.1 TITLE			Change Addition
NAME STORET ADDRESS			6.2 NAME			
STREET ADDRESS CITY-ST-ZIP			6.4 CITY -	1 ADDRESS		
TALL DITE	I .		0.4 01115	ψ1°20		

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 eath; 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.