

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000056060 (5)

1. Corporation Name

LOMAX & COMPANY, INC.

Principal Place of Business

5300 CASA REAL DRIVE
BOCA RATON FL 33484

Mailing Address

5300 CASA REAL DRIVE
BOCA RATON FL 33484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 21427 PAGOSA CT.	26 21427 PAGOSA CT.		
Suite, Apt #, etc.		Suite, Apt #, etc.	
22	27		
City & State		City & State	
23 BOCA RATON, FL	28 BOCA RATON, FL		
Zip	Country	Zip	Country
24 33486	25 PALM BEACH	29 33486	30 PALM BEACH

3. Date Incorporated or Qualified	
08/10/1993	
4. FEI Number	Applied For
65-0429754	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FOGARTY, WILLIAM M
7801 NORTH FEDERAL HIGHWAY
SUITE A285
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name	RAYMOND T. LOMAX
82 Street Address (P.O. Box Number is Not Acceptable)	21427 PAGOSA COURT
83	
84 City	BOCA RATON FL 85 Zip Code 33486

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  RAYMOND T. LOMAX, PRES. 3/13/98
Signature of registered agent, officer, director, or trustee, as applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LOMAX, RAY	1.2 NAME	RAYMOND T. LOMAX
STREET ADDRESS	5300 CASA REAL DRIVE	1.3 STREET ADDRESS	21427 PAGOSA CT.
CITY-ST-ZIP	BOCA RATON FL 33484	1.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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  RAYMOND T. LOMAX, PRESIDENT 3/13/98

CR2E034 (10/97)