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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sccretary of State

1996

P9400004574 (7)

DOCUMENT # 1. Corporation Name

LGID, INC.

Principal Place of Business

Mailing Address

2880 ST. AUGUSTINE RD. JACKSONVILLE FL 32207

2880 ST. AUGUSTINE RD. JACKSONVILLE FL 32207



JACKSONVILLE FL 32207		JACKSONVILLI	JACKSONVILLE FL 32207					
3 Deinatari D	None of Co.		<i></i>		3. Date Incorporated or Qualified 01/19/1994	3a. Date	of Las 03/31	t Report /1995
2. Principal P	Place of Business	2a. Mailing Addres	SS		4. FET Number			Applied For
Suite, Apt. #, etc.		26 Suite Act # a	Suite, Apt. #, etc.		59-3219913		[	Not Applicable
22		27 Soite, Apr. #, 6	F·—n		5. Certificate of Status Desired			<b>75</b> Additional be Required
City & Stat	te	City & State		~	6. Election Campaign Financing			
23		28			Trust Fund Contribution			.00 May Be ded to Fees
Ζφ <b>24</b>	Country	Ζφ	Cou	ntry	8. This corporation has liability for i	ntangibio ta		
	9 Name and Address of	29 Current Registered Agent	30			□No		
	U. Villio Uno Addicas Of	Content negistered Agent	·- <del></del> ··· ·	81 Name	10. Name and Address of New R	egistered /	\gent	
RUMP	PH, J. QUINTON ESQ.			81 Name				
	University blvd. South	4	82 Street A		dress (P.O. Box Number is Not Acceptable	e)		
SUITE		•		83				
	SONVILLE FL 32216							
				84 City			85	Zip Code
11. Pursuant t	to the provisions of Sections 60	07.0502 and 607.1508. Florida S	Statutes the abo	. L	ration submits this statement for the purp		<u> </u>	
or register familiar wit	red agent, or both, in the State th, and accept the obligations r	of Florida. Such change was aut of, Section 607.0505, Florida Sta	Prorized by the o	orporation's boa	ration submits this statement for the purp and of directors. Thereby accept the appo	ose of char intment as r	nging it register	s registered office ed agent. Lam
SIGNATURE .	Signature, typed or printed name of register							
12.		RS AND DIRECTORS	(NOTE: Regulaced	lgent signature require		DAŤE		
Tille	D	DELETE	***************************************	T. F	ADDITIONS/CHANGES TO OFFICE			
NAME	KELLY, THOMAS M		1.2 NA	i		L.	] Chang	e 🔲 Addition
STREET ADDRESS	2880 ST. AUGUSTINE	RD.		EET ADDRESS				
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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 logal effords Statutes. I further oath, that I am an officer or director of the composition 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 or model or on an attachment with an address.

SIGNATURE:

TURE ALO TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTO

Tom Kelly, President D3-01-96 (94)398-0005