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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P94000004574 (7)

LGID, INC.

## **FILED** May 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address	<del></del>	- a impliant see iksis mikis mail maili maili maili maili maili adili alibu ksiii jokis gibi ksol
2880 ST. AUGUSTINE RD. 2880 ST. AUGUSTINE RD.		
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207		DO ALOY MIDITE IN YOUR DDAGE
		DO NOT WRITE IN THIS SPACE
		3. Date incorporated or Qualified
Principal Place of Business     A - Mailing Address		01/19/1994 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address		1 1
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.	<del></del>	59-3219913   Not Applicable   \$8.75 Additional
22 27		5. Certificate of Status Desired Fee Regulard
City & State City & State		6. Election Campaign Financing \$5.00 May Be
28		Trust Fund Contribution Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25 29 30		Personal Property Tax due June 30.
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
RUMPH, J. QUINTON ESQ.	81 Name	7 Co : 1:
3100 UNIVERSITY BLVD. SOUTH	82 Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 101	3//57	D UNDERSITY BIOD South
JACKSONVILLE FL 32216	83	1
***************************************	Sur	1e 101
	B4 City Oas	FL 65 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,		
	horized by the corporation	on's board of directors. I hereby accept the appointment as registered
office or registered agent, or both in the State of Florida. Such change was auti	la Statutos	
agent. I am famile cept the obligations of, Section 607.0505, Florid	la Statules.	4/23/94
agent, I am family copt in obligations of, Section 607 0505, Florid SIGNATURE	la Statules.	4/23/98
agent, I am family copt in obligations of, Section 607 0505, Florid SIGNATURE	la Statutes.	4/23/98
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14. Thereby certify that the information supplies 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 supplies 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 supplies 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 supplies 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 supplies 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 supplies 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 supplies 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 supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplies with the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florid

6.4 CITY - ST - ZIP