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PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000021640**1. Corporation Name

LEZA-LOCKWOOD CORPORATION

Principal Place	e of Business	Mailing Address						• • • • • • • • • • • • • • • • • • • •
1 LEZA DR.		1 LEZA DR.						
SEBRING FL 33870		SEBRING FL 33870				DO NOT WRITE IN THIS SPACE		
US		US					THIS SPACE	 1
						3. Date Incorporated or Qualifed 03/21/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	. A	pplied For
21		26				65-0481114		ot Apolicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certificate of Status Desire	,	Additional equired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Соц	ntry		8. This corporation owes the current ye	ear Intangible	✓
24	25	29	30			Personal Property Tax.	Yes	No.
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Regist	ered Agent	
				81 Nan	ne			
LOCKWOOD, PHILLIP J			}	82 Stre	et Addres	dress (P.O. Box Number is Not Acceptable)		
1 LE	ZA DR.			52 3116	el Addres	S (F.O. BOX NUMBER IS NOT Acceptable)	٠,	
SEBRING FL 33870			ł	83				
						<u> </u>	——————————————————————————————————————	
				84 City			FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	tes, the at	ove-nam	ed corpor	ation submits this statement for the purpo	se of changing its	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by the co	rporation	ation submits this statement for the purpos s board of directors. I hereby accept the	appointment as re	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, FR	onda Statu	tes.			مستعاد و	1
SIGNATURE	Signature, typed or printed name of registered age	AIOTI	Dometered	Lacot eigest	re required u	hen reinstating) , DA	TE	
12.		int and title it approadle (NOT)	- , rediatelen	agent aignore	ic roganes i			
144	OFFICERS AN	NO DIRECTORS	13.				RS AND DIRECTO	ORS IN 12
TITLE		ND DIRECTORS	13.	F		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	PT	ND DIRECTORS	1.1 TIT					
NAME	PT LOCKWOOD, PHILLIP J		1.1 TIT 1.2 NA	ME	200			
NAME STREET ADDRESS.	PT Lockwood, Phillip J 1 Leza dr.		1.1 TIT 1.2 NA 1.3 ST	ME REET ADDRE	ss			
NAME STREET ADDRESS, CITY-ST-ZIP	PT LOCKWOOD, PHILLIP J	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	ME REET ADDRE Y-ST-ZIP	ss		☐ Change	☐ Addition
NAME STREET ADDRESS, CITY-ST-ZIP TITLE	PT LOCKWOOD, PHILLIP J 1 LEZA DR. SEBRING FL 33870 V		1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	ME REET ADDRE Y-ST-ZIP LE	ss			
NAME STREET ADDRESS, CITY-ST-ZIP	PT LOCKWOOD, PHILLIP J 1 LEZA DR. SEBRING FL 33870 V LEZA, ANTONIO	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	ME REET ADDRE Y-ST-ZIP LE ME			☐ Change	☐ Addition
NAME STREET ADDRESS, CITY-ST-ZIP TITLE	PT LOCKWOOD, PHILLIP J 1 LEZA DR. SEBRING FL 33870 V LEZA, ANTONIO 1 LEZA DR.	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	ME REET ADDRE Y-ST-ZIP LE			☐ Change	☐ Addition
NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME	PT LOCKWOOD, PHILLIP J 1 LEZA DR. SEBRING FL 33870 V LEZA, ANTONIO 1 LEZA DR. SEBRING FL 33870	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI	ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE	SS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition
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NAME STREET ADDRESS, CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOCKWOOD, PHILLIP J 1 LEZA DR. SEBRING FL 33870 V LEZA, ANTONIO 1 LEZA DR. SEBRING FL 33870 S HUNTER, CRICKET	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT	ME Y-ST-ZIP LE ME REET ADDRE PY-ST-ZIP LE LE LE LE LE LE LE LE LE ME	SS	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition
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NAME STREET ADDRESS, CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT LOCKWOOD, PHILLIP J 1 LEZA DR. SEBRING FL 33870 V LEZA, ANTONIO 1 LEZA DR. SEBRING FL 33870 S HUNTER, CRICKET	DELETE DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI	ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE	ss See	ADDITIONS/CHANGES TO OFFICE	☐ Change☐ Cha	Addition Addition
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NAME STREET ADDRESS, CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOCKWOOD, PHILLIP J 1 LEZA DR. SEBRING FL 33870 V LEZA, ANTONIO 1 LEZA DR. SEBRING FL 33870 S HUNTER, CRICKET. 1 LEZA DR.	DELETE DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI	WE REET ADDRE Y-ST-ZIP LE WE REET ADDRE LE WE REET ADDRE NY-ST-ZIP LE WE REET ADDRE	ss See	ADDITIONS/CHANGES TO OFFICE	☐ Change☐ Cha	Addition Addition
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NAME STREET ADDRESS, CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	PT LOCKWOOD, PHILLIP J 1 LEZA DR. SEBRING FL 33870 V LEZA, ANTONIO 1 LEZA DR. SEBRING FL 33870 S HUNTER, CRICKET. 1 LEZA DR.	DELETE DELETE	1.1 TIII 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI 4.4 CII 5.1 TII 5.2 NA	ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE PY-ST-ZIP LE ME REET ADDRE PY-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE	SS SECOND	ADDITIONS/CHANGES TO OFFICE	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS