## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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P94000030160 (3)

DOCU	MENT # <b>P940</b>	00030160 (	3)		
1. Corporatio	on Name L & GADSDEN, INCORPOR	•	- ,		
				122010 (1000) 1000 1000	
Principal Plac	e of Business	Mailing Address			iak <b>ad</b> an <b>ediac</b> akin <b>edir</b> i arda biny dan 1644
424 EAST	CALL STREET	424 EAST CALL STI	REFT		
TALLAHAS	SSEE FL 32301	TALLAHASSEE FL 3			
				3. Date Incorporated or Qualified 04/20/1994	3a. Date of Last Report 03/15/1995
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-3259194	Applied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.	·	09-0209 184	Not Applicable
22	, 0.00	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes	□No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
FOLS	OM, JOHN K				
122 SOUTH CALHOUN STREET		82 Street Add	ress (P.O. Box Number is Not Acceptabl	9)	
IALLA	NHASSEE FL 32301		83		
			84 City	<del></del>	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	es, the above-named corpo	ration submits this statement for the purp	
familiar wi	ith, and accept the obligations of, Seci	da. Sucri change was authorizi ion 607.0505, Florida Statutes	ed by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent	and the Levelection (A)	TF. Beside		
12.	OFFICERS AN		TE: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE	0.10.000	Change Addition
NAME	VICKERS, RAYMOND B		= 1.2 NAME		_ ,
STREET ADDRESS	424 EAST CALL STREET		1.3 STREET ADDRESS		
CITY-ST-ZIF	TALLAHASSEE FL 32301		1.4 CITY - ST - ZIP		
TITLE NAME		DELETE	2 1 TITLE		Change Addition
STREET ADDRESS			2 2 NAME		
CITY+ST-ZIP			2.3 STREET ADDRESS		İ
TITLE		DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		
NAME			32 NAME		Change Addition
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST ZIP			3 4 City - St - ZiP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-SI-ZIP	contifut that the information available	itto thin films in	6.4 CHY-ST-ZIP	or the exemption stated in Section 110.0	

cost in the properties the information supplied with this tiling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

(904) 668-3686 Date Destrict Proces