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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P94000032070 (2)

rporation Name			
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LOCKHART PROPERTIES INC. Principal Place of Business Mailing Address 7615 ROSE AVE 7615 ROSE AVE ORLANDO FL 32810 ORLANDO FL 32810 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 04/25/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business APPLIED FOR Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State  $\Box$ Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s 199.032, Ζφ Country Zio Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DOWNING, RAY 82 Street Address (P.O. Box Number is Not Acceptable) 7615 ROSE AVE 83 ORLANDO FL 32810 84 85 Zip Code City 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 similar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change Addition 1. 1 TITLE TITLE DOWNING, RAY 1.2 NAME NAME 7615 ROSE AVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32810 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2 1 TITLE TITLE HORTON, JAMES R 22 NAME NAME 3916 FINCH ST 23 STREET ADDRESS STREET ADORESS ORLANDO FL 32803 24 CITY-ST-ZIP C(1) - \$1 - 7(P) Change ☐ Addition DELETE 3. 1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY - ST - ZIP **20000179400** -04/25/96--01019--041 DELETE 5 1 TITLE TOLE 5.2 NAME NAME \*\*\*200.00 **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY - ST- ZIP **G**oitibbA Change DELE1E 6 1 TITLE THE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CFY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Murther 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.

OR PRINTED NAME OF SIGNING OFFICER

Daytime Prione #

(12/95)**CR2E034**