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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033844 (9)

L & N SERVICES, INC.

Principal Place of Business

9770 BAYMEADOWS RD SUITE 133 JACKSONVILLE FL 32256 Mailing Address

P.O. BOX 11299 JACKSONVILLE FL 32239-1299 FILED Apr 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3242947 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 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 25 29 30 Personal Property Tax due June 30 ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CLANCE, WAYNE D ATTY 6353-2 ARGYLE FOREST BLVD Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32244 83 84 City 85 Zip Code 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition SWEIGART, LEWIS W JR NAME 1.2 NAME 9770 BAYMEADOWS RD SUITE 133 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 1.4 CITY-ST-ZIP DWNER TITLE DELETE Change Addition 21 TITLE DONNELLY, WILLIAM NAME 2.2 NAME 2602 Calidum Road Jacksonville, 71, 32211 9770 BAYMEADOWS RD, STE. 133 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY+ST-ZIP TITLE DELETE 3.1 TITLE SWEIGART, LEWIS W SR. NAME 3.2 NAME 9770 BAYMEADOWS RD, STE. 133 STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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.