SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 17 AM 11:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000067611 (1)**

1. Corporation Name
FIVE LOWES, INC.

Principal Place of Business	Mailing Address
2888 BEAL ST. DELTONA FL 32738	2888 BEAL ST. DELTONA FL 32738

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2909 Windsor Heights St	26 2909 Windsor Heights St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Deltona, FL	City & State 28 Deltona, FL
24 32738	25 USA	29 32738	30 USA
Zip	Country	Zip	Country

4. FEI Number: 59-3270864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOWE, WILLIAM O 2888 BEAL ST. DELTONA FL 32738	81 Name: William O. Lowe 82 Street Address (P.O. Box Number is Not Acceptable): 2909 Windsor Heights St. 83 84 City: Deltona FL 85 Zip Code: 32738

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: William O Lowe — William O. Lowe — 7/10/95
(Printed, 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	
TITLE	President & Director	11 TITLE	☐ Change ☐ Addition
NAME	William O. Lowe	12 NAME	
STREET ADDRESS	2909 Windsor Heights St.	13 STREET ADDRESS	
CITY-ST-ZIP	Deltona, FL 32738	14 CITY-ST-ZIP	
TITLE	Secretary/Treasurer/Director	21 TITLE	☐ Change ☐ Addition
NAME	Dawn D. Lowe	22 NAME	
STREET ADDRESS	2909 Windsor Heights St.	23 STREET ADDRESS	
CITY-ST-ZIP	Deltona, FL 32738	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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. 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.

SIGNATURE: William O Lowe — William O. Lowe — 7/10/95 — 904-789-5065
DIGITAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0132125 FP