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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000067611 (1)

1. Corporation Name
FIVE LOWES, INC.

Principal Place of Business

1617 ELKCAM BLVD
DELTONA FL 32738
US

Mailing Address

2909 WINDSOR HEIGHTS STREET
DELTONA FL 32738
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 550 Foothill Farms Rd

Suite, Apt. #, etc.

22 ~~Orange City, FL~~

City & State

23 Orange City, FL

Zip

24 32763

Country

25 USA

2a. Mailing Address

26 550 Foothill Farms Rd

Suite, Apt. #, etc.

27 ~~Orange City, FL~~

City & State

28 Orange City, FL

Zip

29 32763

Country

30 USA

9. Name and Address of Current Registered Agent

LOWE, WILLIAM O.
1617 ELKCAM BLVD
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name

William O. Lowe

82 Street Address (P.O. Box Number is Not Acceptable)

550 Foothill Farms Rd

83

84 City

Orange City

FL

85 Zip Code

32763

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

4/24/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME LOWE, WILLIAM O
STREET ADDRESS 2909 WINDSOR HEIGHTS STREET
CITY-ST-ZIP DELTONA FL

TITLE ☐ DELETE

STD
NAME LOWE, DAWN D.
STREET ADDRESS 2909 WINDSOR HEIGHTS STREET
CITY-ST-ZIP DELTONA FL

TITLE ☐ DELETE

VP
NAME LOWE, GENE
STREET ADDRESS 1617 ELKCAM BLVD
CITY-ST-ZIP DELTONA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 550 Foothill Farms Rd
14 CITY-ST-ZIP Orange City, FL 32763

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 550 Foothill Farms Rd
24 CITY-ST-ZIP Orange City, FL 32763

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 550 Foothill Farms Rd
34 CITY-ST-ZIP Orange City, FL 32763

41 TITLE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS DIRECTOR
44 CITY-ST-ZIP HAMILTON E LOWE, III
550 Foothill Farms Rd
Orange City, FL 32763

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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; and that I am duly 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 as an attachment with an address.

SIGNATURE

Signature

4/24/98

CR2E034 (10/97)