

FILED
May 13, 1999 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000071708			
1. Corporation Name LOIS E. BENNINGHOFF, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 810 3RD ST Suite, Apt. #, etc. 22 City & State 23 CEDAR KEY, FL Zip Country 24 32625 25 USA		2a. Mailing Address 26 P O BOX 46 Suite, Apt. #, etc. 27 City & State 28 CEDAR KEY, FL Zip Country 29 32625 30 USA	
9. Name and Address of Current Registered Agent			
		81 Name KATHRYN F CAUSEY 82 Street Address P O BOX 83 84 City CEDAR KEY, FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors of the corporation, and the change is effective as of the date of filing of this statement. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, which requires that I file this statement with the Department of State.			
SIGNATURE Matthew H. Causey		KATHRYN F CAUSEY (NOTE: Registered Agent)	
12. OFFICERS AND DIRECTORS			
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP		P, S, D LOIS E. BENNINGHOFF 6052 D ST CEDAR KEY, FL 32625 DELETE	
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP		T KATHRYN F CAUSEY 6052 D ST CEDAR KEY, FL 32625 DELETE	
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
7. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
8. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
9. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
11. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	
13. TITLE NAME STREET ADDRESS CITY - ST - ZIP		1. TITLE NAME STREET ADDRESS CITY - ST - ZIP 2. TITLE NAME STREET ADDRESS CITY - ST - ZIP 3. TITLE NAME STREET ADDRESS CITY - ST - ZIP 4. TITLE NAME STREET ADDRESS CITY - ST - ZIP 5. TITLE NAME STREET ADDRESS CITY - ST - ZIP 6. TITLE NAME STREET ADDRESS CITY - ST - ZIP 7. TITLE NAME STREET ADDRESS CITY - ST - ZIP 8. TITLE NAME STREET ADDRESS CITY - ST - ZIP 9. TITLE NAME STREET ADDRESS CITY - ST - ZIP 10. TITLE NAME STREET ADDRESS CITY - ST - ZIP 11. TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	

SIGNATURE Kathryn F Causey **KATHRYN F CAUSEY** **04/30/99 352-463-0502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**