FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Katherine Harris

1999

Secretary of State DIVISIÓN OF CORPORATIONS

DOCUMENT # P94000071708 1. Corporation Name

LOIS E. BENNINGHOFF, INC.

Principal Place of Business

2. Principal Place of Business

21 810 3RD ST

Mailing Address

2a. Mailing Address

26 P O BOX 46

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

05-13-1999 90018 002 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

4. FEI Number 59-3270441

240234 - 20010 - 7	
	/

Applied For

Not Applicable

Suite, Apt	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		8. Election Campaign Financing	\$5,00 May Be
23 CEDAF	KEY, FL	28 CEDAR KEY,	\mathtt{FL}	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	year Intangible Personal
24 32625	5 [25] USA	29 32 62 5 3 0	USA	Property Tax.	X Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
			81 Name KATHE		
ľ			82 Street Add	ress (P.O. Box Number is Not Acceptable 30X 46, 6052 D ST	9)
83 83					
ŀ					. 1
ì			84 City CEDAF		FL 85 Zip Code 32 62 5
			CEDAL	REY	
11. Pursuant	ta the provisions of Sections 607,0502 Loffice or registered agent, or both, in t	and 607.1508, Florida Statu the State of Florida, Such cha	tes, the above-named anne was outhorized b	corporation submits this statement for the corporation's board of directors. I have been supported in the corporation of the co	e purpose of changing its ereby accept the appointment
as registe	red agent. I am familiar with, and acce	pt the obligations of, Section	607.0505, Florida Sta	atutes.	
SIGNATURE	Matturn Thull	✓ KATHR	YN F CAUSE	ΞΥ	04/30/99
	Signature, typed or printed name of registere		(NOTE: Registered /	Agent signature required when reinstating)	DATE
12.	OFFICERS AND DIF	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P,S,D	DELETE	1.1 TITLE		DATE AND DIRECTORS IN 12 Change Addition
NAME	LOIS E. BENNINGH	OFF	1.2 NAME		[5
STREET ADDRESS	6052 D ST	,	1.3 STREET ADDRESS		ļS L
CITY - ST - ZIP	CEDAR KEY, FL 32	625	1.4 CITY - ST - ZIP		
TITLE	T	DELETE	2.1 TITLE		Change Addition C
NAME	KATHRYN F CAUSEY	•	2.2 NAME		- 1
STREET ADDRESS	6050	I	2.3 STREET ADDRESS		<u> </u>
CITY - ST - ZIP	CEDAR KEY, FL 32	625	2.4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		†
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		Department of the	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP	l		4.4 CITY - ST - ZIP		
TITLE	 	DELETE	5.1 TITLE		Change Addition
NAME	l	DETELE	5.1 MAME		ORING MODION
STREET ADDRESS	·				
CITY - ST - ZIP	l	i	5.3 STREET ADDRESS		
	 			· 	
TITLE	I .	DELETE	6.1 TITLE		Change Addition

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 cath; 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, with all other like empowered.

8.2 NAME

6.3 STREET ADDRESS

SIGNAT

KATHRYN F CAUSEY NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99 352-463-0502

NAME

STREET ADDRESS

CITY - ST - ZIP