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

PROFIT * CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078239 (8)

LOCKWOOD, OVIEDO CORPORATION

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of	Business	M	Mailing Address				, (001/05) (10 121/1 0/0// 00// 201// 00//		W148 414		и	
2005 ALFAYA TRAIL OVIEDO FL 32785			2985 ALFAYA TRAIL OVIEDO FL 32785-9493									
							 Date Incorporated or Qualified 10/24/1994 		te of L	ast Report		
2. Principal Place	e of Business	28	. Mailing Address				4. FEI Number	1 004		Applied F	or	
21		26					59-3280509			Not Applic	cable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip 24	Country 25				Country		This corporation has liability for intengible tax under s. 199.032, Florida Statutes					
	9. Name and Address of Currer		stered Agent	- 1001	1		10. Name and Address of New Re					
HOH I	EDWARD O	- -			81	Name		-				
1413 P					dress (P.O. Box Number is Not Acceptable)							
AANAIC	R PARK FL 32792				83							
					84	City		FL	85	Zip Code		
SIGNATURE /	divad o	Hz	ch pres.				orporation submits this statement for the pration's board of directors. I hereby acceptured when remsiating)	or the app	e	nt as registe		
12.	OFFICERS AN	D DIRE	CIORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTORS IN 12	2	
TITLE	SD		☐ DELETE	11	HILE				Ch	ange 🔲 Ad	ddition	
	ngh, Edward o			121	NAME							
	413 PELICAN BAY TRAIL			1.33	STREET	ADDRESS						
	VINTER PARK FL 32792		T SCIENT		CITY-S	T - 7IP			T 65		33000	
TITLE			☐ DELETE		TITLE	1			[] Ch	ange L_1 At	ddition	
NAME					NAME	45.655.00						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE			DELE TE		TITLE	S1 - 7IP			☐ Ch	ange A	ddition	
NAME					NAMÉ					-		
STREET ADDRESS				3.3	STREET	ADDRESS						
CITY-ST-ZIP				3.4	CITY-	ST-7IP						
TITLE			☐ DELFTE	4.1	TITLE				☐ Ch	ange 🔲 Ad	dotion	
NAME				4. 2	NAME.						1	
STREET ADDRESS				4.3	STREET	ADDRESS						
CITY-ST-ZIP			<u> </u>		CITY - S	31-2IP						
TITLE .			DELETE		TITLE				☐ Ch	ange L At	ddition	
NAME					NAME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ DELETE			31 - 21P			□ Ch	ange A	ddilion	
TITLE				1	TATLE				L	ande 🗖 u	OSITION	
NAME OTOPET ADDRESS					NAME etocci	ADDRESS						
STREET ADDRESS						ADDRESS					ł	
CITY-ST-ZIP						31 - 7(P	ted in Section 119.07(3)(i), Florida Statute					

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the post or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.