

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000078694 (4)**

1. Corporation Name

LC PROPERTIES, INC.

Principal Place of Business

Mailing Address

**GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE W
ST. PETERSBURG FL 33702**

**GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE W
ST. PETERSBURG FL 33702**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/26/1994

3a. Date of Last Report

03/31/1995

4. FEI Number

59-3283604

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

10. Name and Address of New Registered Agent

**MASCARA, ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE W
ST. PETERSBURG FL 33702**

81 Name

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

83

84 City

FL

85 Zip Code

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 (typable print name of the registered agent. This applies to the

(With Registered Agent signature required when changing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **DVT** ☒ DELETE
NAME **MASCARA, ERNEST L**
STREET ADDRESS **877 EXECUTIVE CENTER DRIVE W**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE **DPS** ☒ DELETE
NAME **HOVE, STEPHEN D.**
STREET ADDRESS **1250 STARKEY ROAD, SUITE 401**
CITY - ST - ZIP **LARGO 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☐ Change ☒ Addition
12 NAME **Keith Bass**
13 STREET ADDRESS **101 Philippe Pkwy., #305**
14 CITY - ST - ZIP **Safety Harbor, FL 34695**

21 TITLE **DVP** ☐ Change ☒ Addition
22 NAME **Stephen D. Hove**
23 STREET ADDRESS **101 Philippe Pkwy., #305**
24 CITY - ST - ZIP **Safety Harbor, FL 34695**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

34 CITY - ST - ZIP ☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY - ST - ZIP ☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Keith Bass, President

7/2/96

(813) 5791200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)