FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR 28 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000085324 (9)**

1. Corporation Name
LBJ&P, INC.

Principal Place of Business
1346 MAIN ST.
DUNEDIN FL 34698

Mailing Address
1346 MAIN ST.
DUNEDIN FL 34698

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 1519 MAIN STREET
Suite, Apt. #, etc.: 22
City & State: 23 DUNEDIN Fl
Zip: 24 34698
County: 25 PINELLAS

2a. Mailing Address: 26 1519 MAIN STREET
Suite, Apt. #, etc.: 27
City & State: 28 DUNEDIN Fl
Zip: 29 34698
Country: 30 PINELLAS

4. FEI Number: 59-3280294 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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
DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	**D**	11 TITLE	☐ Change ☐ Addition
NAME	**GERZOG, PHILIP A**	12 NAME	
STREET ADDRESS	**330 PROMENADE DR., #207**	13 STREET ADDRESS	
CITY-ST-ZIP	**DUNEDIN FL 34698**	14 CITY-ST-ZIP	
TITLE	**D**	21 TITLE	☐ Change ☐ Addition
NAME	**GERZOG, LYNDA C**	22 NAME	
STREET ADDRESS	**330 PROMENADE DR., #207**	23 STREET ADDRESS	
CITY-ST-ZIP	**DUNEDIN FL 34698**	24 CITY-ST-ZIP	
TITLE	**D**	31 TITLE	☐ Change ☐ Addition
NAME	**BRODY, BENJAMIN J**	32 NAME	
STREET ADDRESS	**120 LIFESTYLE BLVD., #309**	33 STREET ADDRESS	
CITY-ST-ZIP	**PALM HARBOR FL 34684**	34 CITY-ST-ZIP	
TITLE	**D**	41 TITLE	☐ Change ☐ Addition
NAME	**BRODY, JUDITH L**	42 NAME	
STREET ADDRESS	**120 LIFESTYLE BLVD., #309**	43 STREET ADDRESS	
CITY-ST-ZIP	**PALM HARBOR FL 34684**	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 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.

SIGNATURE: Lynda Gerzog LYNDA GERZOG 4/24/94 813 733-7899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
DAYTIME PHONE