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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000085324 (9)

LBJ&P. INC.

Principal Place of Business Mailing Address 1519 MAIN ST 1519 MAIN 8T **DUNEDIN FL 34898** DUNEDIN FL 34698-4650 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1994 07/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3280294 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES INC. 81 Name 1201 HAYS ST. 82 Street Address (P.O. Box Number is Not Acceptable) \_ TALLAHASSEE FL 32301 83 **B4** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE 1.1 TITLE Change GERZOG, PHILIP A NAME 1.2 NAME P O BOX 583 STREET ADDRESS 1.3 STREET ADDRESS **DUNEDIN FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELE 1E TITLE Change 2.1 TITLE Addition GERZOG, LYNDA C NAME 2.2 NAME P O BOX 583 STREET ADDRESS 2.3 STREET ADDRESS **DUNEDIN FL** CITY-ST-ZIP 2.4 City-St-7iP TITIF DELETE 3.1 THEF Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do 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 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.