

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 9:29

DOCUMENT # P94000090700 (3)

1. Corporation Name

FRANK LORD ENTERPRISES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2519 HIGHWAY 44 WEST 2519 HIGHWAY 44 WEST  
INVERNESS FL 34453-3722 INVERNESS FL 34453-3722

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1994  
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 483 E. C48 26 483 E. C48  
State, Apt. #, etc. State, Apt. #, etc.

4. FEI Number 59-3283135  
Applied For Not Applicable

22 City & State 27 City & State  
23 BUSHNELL, FL 28 BUSHNELL, FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country  
33513 SUMTER 33513 SUMTER

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

LORD, CECIL F  
2519 HIGHWAY 44 WEST  
INVERNESS FL 34453-3722

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
483 E. C48  
83  
84 City BUSHNELL FL 85 Zip Code 33513

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

*Cecil F Lord* Cecil F Lord

4/24/95

NOTE: Registered Agent signature required when terminating.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	LORD, CECIL FRANK	
3. STREET ADDRESS	483 E. C48	
4. CITY, ST, ZIP	BUSHNELL, FL 33513	
21. TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	LORD, KAREN M.	
23. STREET ADDRESS	483 E. C48	
24. CITY, ST, ZIP	BUSHNELL, FL 33513	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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:

*Cecil F Lord* Cecil F Lord 4/23/95 904-713-1559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initials) (Phone #)