

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
INVERNESS FL 34453-3722

2519 HIGHWAY 44 WEST
INVERNESS FL 34453-3722

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/15/1994

2. Principal Place of Business

2a. Mailing Address

21 483 E. C48

26 483 E. C48

4. FEI Number

Applied For

59-3283135

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

23 BUSHNELL, FL

28 BUSHNELL, FL

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip

Country

29 Zip

Country

33513

SUMTER

33513

SUMTER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	
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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

(Typed Name)