

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P94000090700 (3)**

1. Corporation Name  
**FRANK LORD ENTERPRISES, INC.**



Principal Place of Business: 483 E. C48 BUSHNELL FL 33513 US  
Mailing Address: 483 E. C48 BUSHNELL FL 33513 US

3. Date Incorporated or Qualified: 12/15/1994  
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3283135	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country	30. Country		

**9. Name and Address of Current Registered Agent**

LORD, CECIL F  
483 E. C48  
BUSHNELL FL 33513

**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

Signature: Typed or printed name of registered agent and title, if applicable. Date: Registered Agent's signature required when recording.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LORD, CECIL F	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	483 E C48	2. NAME	
STREET ADDRESS	BUSHNELL FL	13. STREET ADDRESS	
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE	STD LORD, KAREN	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	483 E. C48	22. NAME	
STREET ADDRESS	BUSHNELL FL	23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		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 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: *Karen Lord* Karen Lord 4/13/96 904-793-1280  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (12/95)