

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

FILED

Feb 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000091638 (4)

1. Corporation Name

L. L. B. ACQUISITIONS, INC.

Principal Place of Business

1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

Mailing Address

1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

59-3290193

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 6800 Placida Road

Suite, Apt. #, etc.

City & State

23 Englewood FL

Zip

24 34224

Country

25 USA

2a. Mailing Address

26 6800 Placida Road

Suite, Apt. #, etc.

City & State

28 Englewood FL

Zip

29 34224

Country

30 USA

9. Name and Address of Current Registered Agent

ITERSAGEN, SCOTT D

% BATSEL MCKINLEY ITERSAGEN GUNDERSON

1861 PLACIDA RD., SUITE 104

ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name

ROBERT W. SPADE

82 Street Address (P.O. Box Number is Not Acceptable)

6800 Placida Road

83

84 City

Englewood

FL

85 Zip Code

34224

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

Robert W. Spade, President

2-16-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SPADE, ROBERT W
STREET ADDRESS 6800 PLACIDA RD.
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ DELETE

TITLE D
NAME BALDWIN, J B
STREET ADDRESS P.O. BOX 605 (N/A)
CITY-ST-ZIP BOCA GRANDE FL 33921 ☒ DELETE

TITLE D
NAME BOYER, JOHN R
STREET ADDRESS P.O. BOX 5145 (N/A)
CITY-ST-ZIP GROVE CITY FL 34224 ☒ DELETE

TITLE D
NAME MARKLE, DANIEL E
STREET ADDRESS 6237 PRESIDENTIAL COURT S.W., STE. 104
CITY-ST-ZIP FORT MYERS FL 33919 ☒ DELETE

TITLE D
NAME HARRISON, ROBERT L
STREET ADDRESS 7142 Champions Ln
CITY-ST-ZIP CINCINNATI OH 45245 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME Resigned ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME Resigned ☒ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME Resigned ☒ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Vice President
5.2 NAME VICE President new
5.3 STREET ADDRESS 7142 Champions Lane home address
5.4 CITY-ST-ZIP Westchester, OH 45069 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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.

SIGNATURE:

Robert W. Spade

2/6/98 941-697-8444

CR2E034 (10/97)