

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092694 (6)
1. Corporation Name

LD MD PD II Inc

Principal Place of Business **Philip & Cheryl Dvorak**

~~3757 S Atlantic Ave~~
~~#103~~
~~Ormond Beach, FL 32176~~
~~Daytona Beach Shores~~
~~Florida 32127~~
742 N Halifax Dr
Ormond Beach, FL 32176
Daytona Beach Shores
Florida 32127

3. Date Incorporated or Qualified 12/20/1994
3a. Date of Last Report

2. Principal Place of Business
21 742 N Halifax Dr
22 Suite, Apt. #, etc.
23 City & State Ormond Beach FL
24 Zip 32176 25 Country

2a. Mailing Address
26 742 N Halifax Dr
27 Suite, Apt. #, etc.
28 City & State Ormond Beach FL
29 Zip 32176 30 Country

4. FEI Number 59-3285439
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHN S NORTON JR PA
431 N GRANDVIEW AVE
DAYTONA BEACH FL 32118

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DVORAK, PHILIP
STREET ADDRESS 3757 S ATLANTIC AVE #103
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 742 N HALIFAX DR
1.4 CITY-ST-ZIP ORMOND BEACH FL 32176

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Cheryl Dvorak
2.3 STREET ADDRESS 742 N HALIFAX
2.4 CITY-ST-ZIP Secretary

3.1 TITLE Philip & Cheryl Dvorak
3.2 NAME 742 N. Halifax
3.3 STREET ADDRESS Ormond Beach, FL 32176
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 800001852068
6.4 CITY-ST-ZIP -06/05/96--01078--003
***200.00

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: X

4-29-96 904
x 441-7744