

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000066282 (1)**

1. Corporation Name  
**LOWE/PALM COAST, INC.**



Principal Place of Business: **1 HARGROVE GRADE PALM COAST FL 32137**  
Mailing Address: **11777 SAN VICENTE BLVD., STE. 900 LOS ANGELES CA 90049**

3. Date Incorporated or Qualified: **08/28/1995** 3a. Date of Last Report: **1st Report**  
4. FEI Number: **59-3331478**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**B&C COPORATE SERVICES OF CENTRAL FL, INC.  
390 N. ORANGE AVE., STE. 1100  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <input checked="" type="checkbox"/> DELETE	<b>Director/Chairman of Board</b>
NAME	<b>John B. Platt III</b>
STREET ADDRESS	<b>196 La Vereda Road</b>
CITY-STATE-ZIP	<b>Santa Barbara, CA 93108</b>
TITLE: <input type="checkbox"/> DELETE	<b>Director</b>
NAME	<b>Robert J. Lowe</b>
STREET ADDRESS	<b>11777 San Vicente Blvd., #900</b>
CITY-STATE-ZIP	<b>Los Angeles, CA 90049</b>
TITLE: <input type="checkbox"/> DELETE	<b>Director/Sr. VP</b>
NAME	<b>Peter A. Del Franco</b>
STREET ADDRESS	<b>11777 San Vicente Blvd., #900</b>
CITY-STATE-ZIP	<b>Los Angeles, CA 90049</b>
TITLE: <input type="checkbox"/> DELETE	<b>Director/President</b>
NAME	<b>Earl D. Hewlette, Jr.</b>
STREET ADDRESS	<b>5757 Palm Blvd.,</b>
CITY-STATE-ZIP	<b>Isle Of Palms, SC 29451</b>
TITLE: <input type="checkbox"/> DELETE	<b>Secretary</b>
NAME	<b>Betty J. Kenyon</b>
STREET ADDRESS	<b>11777 San Vicente Blvd., #900</b>
CITY-STATE-ZIP	<b>Los Angeles, CA 90049</b>
TITLE: <input type="checkbox"/> DELETE	<b>Chief Financial Officer</b>
NAME	<b>Michael Hulme</b>
STREET ADDRESS	<b>1 Hargrove Grade</b>
CITY-STATE-ZIP	<b>Palm Coast, FL 32137</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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**-05/10/96--01022--014**  
**\*\*\*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: *Betty J. Kenyon* Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (310) 571-4241  
DATE FILING FEE #

CR2E034 (12/95)

**LOWE/PALM COAST, INC.  
PROFIT CORPORATION ANNUAL REPORT  
OFFICERS CONTINUED**

Vice President  
Robert J. Lowe, Jr.  
5757 Palm Boulevard  
Isle of Palms, SC 29451

Senior Vice President  
Peter R. O'Keeffe  
11777 San Vicente Boulevard, #900  
Los Angeles, CA 90049

Senior Vice President  
William V. Courtney  
11777 San Vicente Boulevard, #900  
Los Angeles, CA 90049

Executive Vice President  
James W. Oates  
11777 San Vicente Boulevard, #900  
Los Angeles, CA 90049

Vice President  
Dana R. Ashton  
11777 San Vicente Boulevard, #900  
Los Angeles, CA 90049

Assistant Secretary  
Salve A. Pennya  
11777 San Vicente Boulevard, #900  
Los Angeles, CA 90049