

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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: **LOWE ENTERPRISES, INC 11777 SAN VICENTE BLVD. #900 LOS ANGELES CA 90049 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3 Waterside Parkway**  
 Suite, Apt. #, etc.

2a. Mailing Address: **Palm Coast, FL**  
 City & State

22. City & State: **Palm Coast, FL**

23. Zip: **32137** Country: **USA**

3. Date Incorporated or Qualified: **08/28/1995**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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: **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D/CH</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLATT, JOHN B. III</b>	1.2 NAME	
STREET ADDRESS	<b>196 LA VEREDA RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93108</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWE, ROBERT J.</b>	2.2 NAME	
STREET ADDRESS	<b>11777 SAN VICENTE BLVD, #900</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D/V</b>	3.1 TITLE	<b>Executive Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEL FRANCO, PETER A.</b>	3.2 NAME	
STREET ADDRESS	<b>11777 SAN VICENTE BLVD, #900</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENYON, BETTY J.</b>	4.2 NAME	
STREET ADDRESS	<b>11777 SAN VICENTE BLVD, #900</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D/P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEWLETTE, EARL D.</b>	5.2 NAME	
STREET ADDRESS	<b>5757 PALM BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ISLE OF PALMS SC 29451</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VPCF</b>	6.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WETHE, WILLIAM T</b>	6.2 NAME	<b>Prinn, Brian T.</b>
STREET ADDRESS	<b>1 HARGROVE GRADE</b>	6.3 STREET ADDRESS	<b>11777 San Vicente Blvd., #900</b>
CITY-ST-ZIP	<b>PALM COAST FL</b>	6.4 CITY-ST-ZIP	<b>Los Angeles, CA 90049</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **Betty J. Kenyon, Sec. 4/29/98 (310) 820-6661**

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ 0626757

CR2E034 (10/97)

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

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

James T. Cullis  
Vice President  
3 Waterside Parkway  
Palm Coast, FL 32137

John M. DeMarco  
Vice President and Corporate Counsel  
11777 San Vicente Blvd., #900  
Los Angeles, CA 90049

Edward R. Ginn III  
President  
3 Waterside Parkway  
Palm Coast, FL 32137

Robert J. Lowe, Jr.  
Vice President  
11777 San Vicente Blvd., #900  
Los Angeles, CA 90049

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

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

William T. Wethe  
Vice President and Chief Financial Officer  
3 Waterside Parkway  
Palm Coast, FL 32137