

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

APPROVED  
AND  
FILED

96 FEB -6 AM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074977 (6) N/C 12/20/95

1. Corporation Name

~~LOCKWOOD INTERNATIONAL, INC.~~  
LEZA - LOCKWOOD INTERNATIONAL, INC.

Principal Place of Business

134 PIPER CUB LANE  
SEBRING FL 33870

Mailing Address

134 PIPER CUB LANE  
SEBRING FL 33870

3. Date Incorporated or Qualified  
09/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1 LEZA DRIVE

25 1 LEZA DRIVE

4. FEI Number

65-0617751

Applied For:

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SEBRING, FL

28 SEBRING, FL

24 Zip

25 U.S.A.

29 Zip

30 U.S.A.

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

10. Name and Address of New Registered Agent

HUNTER, JOHN  
134 PIPER CUB LANE  
SEBRING FL 33870

81 Name

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

1 LEZA DRIVE

83

84 City

SEBRING

FL

85 Zip Code

33870

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 resigning)

DATE

JOHN HUNTER

1/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE  
NAME HUNTER, JOHN  
STREET ADDRESS 134 PIPER CUB LANE  
CITY-ST-ZIP SEBRING FL 33870

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1 LEZA DRIVE  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LOCKWOOD, PHILLIP J  
STREET ADDRESS 280 HENDRICKS WAY  
CITY-ST-ZIP SEBRING FL 33870

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1 LEZA DRIVE  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LEZA, ANTONIO  
STREET ADDRESS 280 HENDRICKS WAY  
CITY-ST-ZIP SEBRING FL 33870

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 1 LEZA DRIVE  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 19.07(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

JOHN HUNTER

1/29/96

(941)655-4242

CR2E034 (12/95)