

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000093337 (0)

1. Corporation Name
L.B.M. SERVICES, INC.

Principal Place of Business
5860 TIMUQUANA ROAD STE 11
JACKSONVILLE FL

Mailing Address
5860 TIMUQUANA ROAD STE 11
JACKSONVILLE FL 32210-7887



2. Principal Place of Business

21 8119 BLAZING STAR RD.
Suite, Apt. #, etc.

City & State

23 MELROSE, FL

Zip

24 32666

Country

25 CLAY

2a. Mailing Address

26 5860 TIMUQUANA ROAD
Suite, Apt. #, etc.

City & State

28 JACKSONVILLE, FL

Zip

29 32211

Country

30 DUVAL

3. Date Incorporated or Qualified
12/07/1995

3a. Date of Last Report
02/20/1996

4. FEI Number

59-3350725

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

MOSLEY, LEONA B
5480 LAKE EVERETT DR.
MELROSE, FL 32666

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 of person appointed as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MOSLEY, LEONA B	
STREET ADDRESS	225 MERCURY DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CROWE, SALLY N.	
STREET ADDRESS	2269 KENSINGTON LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOSLEY, C.E.	
STREET ADDRESS	225 MERCURY DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOSLEY, LEONA B.	ADDRESS
1.3 STREET ADDRESS	5480 LAKE EVERETT DR.	
1.4 CITY-ST-ZIP	MELROSE FL 32666	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOSLEY, C.E.	ADDRESS
3.3 STREET ADDRESS	5480 LAKE EVERETT DR.	
3.4 CITY-ST-ZIP	MELROSE, FL 32666	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MOSLEY, LESLIE K.	
4.3 STREET ADDRESS	3863 RANCHO ROAD	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LISA C. MOSLEY	
5.3 STREET ADDRESS	3863 RANCHO ROAD	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

Leona B Mosley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-97

Date

(904) 573 0622
Daytime Phone

CR2E034 (9/96)