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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1997 8:00am Secretary of State

1997

DOCUMENT # P95000095323 (8)

LDB PROPERTIES, INC.

	ce of Business	Mailing Address	_	r LOBANDES NA JONE LOTTE OTRE DOLE	BASSE OBINO SELEC BILDE ISINE STODE (1911 SOB)		
209 W MIRCLE STRIP PKWY E-104 MARY ESTON FL 32569 US		209 W MIRCLE STRIP PK	209 W MIRCLE STRIP PKWY E-104				
		- · • ·					
		MARY ESTON FL 32569-11 US	953	6 Data Incomprehed or Ovelit	Date of Last Date of		
03				3. Date Incorporated or Qualific 12/13/1995	od 3a. Date of Last Report 03/29/1996		
	Vace of Business	2a. Mailing Address	adral Pras	4. FEI Number	Applied For		
21 403		77.64.T.1	eaka Hann	<u> </u>	Not Applicable		
Suite, Apt	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	le_ /	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 1557	TiN, Fl.	28 10337.W	, F1.	Trust Fund Contribution	Added to Fees		
Zip ->-	Country	1 Zip 20-1/1	Country	8. This corporation has liability	for intangible tax under s. 199.032,		
24 325		1 29 32541	30 A KALOOSA		Yes No		
	9, Name and Address of Currer	nt Registered Agent	041	10. Name and Address of New	Registered Agent		
	STER, WILLIAM S		81 Name				
	MAR WALT DRIVE, STE. 1014		82 Street Add	ress (P.O. Box Number is Not Accept	otable)		
FT. '	WALTON BEACH FL 32547			-			
			83				
			84 City		85 Zip Code		
			[]		FL S Z P COGG		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	tes, the above-named cor	poration submits this statement for the	ne purpose of changing its registered		
agent ta	registered agent, or both, in the State am familiar with, and accept the oblig	ations of Section 607.0505, FI	aumonzed by the corpora lorida Statutes.	tition's board or directors. I hereby ac	ccept the appointment as registered		
SIGNATURE							
	Sognature, typed or printed tunne of registered ag	eut and to diffrept cable (NO)	FE: Registered Agent signature requ	ired when reinstating)	DATÉ		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12		
TITLE	D D	[_] DELETE	1.1 TITLE		Change		
NAME	RHOTON, CHARLES D		1.2 NAME				
STREET ADDRESS	209 W. MIRACLE STRIP PARK	(WAY, UNIT E104	1.3 STREET ADDRESS	4031 Broken.	ARROW CT.		
CHY-St-ZIF	I DANY COTUEN EL AMEMO	*					
	MARY ESTHER FL 32569	·	1.4 CITY - ST - ZIP	BUSTIN FI	32541		
TITLE	D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	4031 Bloken . Bestin, fl.	3254/ Change Addition		
TITLE NAME	D KIMBELL, LAURIE L	DELETE		BOSTIN, FI.			
	D KIMBELL, LAURIE L 209 W. MIRACLE STRIP PARK	DELETE	2.1 TITLE	BOSTIN, Fl.			
NAME	D KIMBELL, LAURIE L	DELETE	2.1 TITLE 2.2 NAME	Bratizi, Fl.			
NAME STREET ADORESS	D KIMBELL, LAURIE L 209 W. MIRACLE STRIP PARK	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Bratin, Fl.			
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4. 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 indicated on this annual report or suppliemental 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:

SIGNASURE AND TYPES OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97

904-650-3743