

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 # P96000003638 (9)

1. Corporation Name
LO'L DEVELOPMENT, INC.

Principal Place of Business
1520 LAND O'LAKES BLVD., STE. A
LUTZ FL 33549

Mailing Address
1520 LAND O'LAKES BLVD., STE. A
LUTZ FL 33549



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/05/1996

4. FEI Number
59-3356519

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

JOHNSON, DELORAS
1520 LAND O'LAKES BLVD., STE. A
LUTZ FL 33549

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANDERS, TOM	
STREET ADDRESS	1520 LAND O'LAKES BLVD., STE. A	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, CARL	
STREET ADDRESS	19235 US HWY 41 NO	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P D
3.3 STREET ADDRESS	JACK DEPREE
3.4 CITY-ST-ZIP	19235 US 41 N LUTZ, FL 33549
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	BILL BALOWIN
4.4 CITY-ST-ZIP	19235 US 41 N LUTZ, FL 33549
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D S
5.3 STREET ADDRESS	PAUL PRITCHARD
5.4 CITY-ST-ZIP	19235 US 41 N LUTZ, FL 33549
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	DELORAS JOHNSON
6.4 CITY-ST-ZIP	19235 US 41 N LUTZ, FL 33549

14. I 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 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, with an address.

CR2E034 (10/97)