SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017422 (2)

ESCAMBIA

Name and Address of Current Registered Agent

LOCK-N-STORE, INC.

Principa!	Place	οſ	Business
(III ICipai	1 1000	VΙ	DO211G32

2. Principal Place of Business 21 5060 N. PALA Sulte, Apt. #, etc.

> FAGERSTROM, JOHN 2500 PARADISE POINT DRIVE

PENSACOLA FL 32503

111 NORTH INGLESIDE FAIRHOPE AL 36532

City & State

Mailing Address

111 NORTH INGLESIDE FAIRHOPE AL 36532

Suite, Apt. #, etc.

City & State

27

28

	 Date Incorporated or Qualified 02/23/1996 	3a. [Date of Last Report	
_	4. FEI Number	4	Applied F	or
٤	58-2222457		Not Appli	cable
	5. Certificate of Status Desired		\$8.75 Addition Fee Required	al
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
	8. This corporation owes or has pai Personal Property Tax due June		urrent year Intangible Yes	1
	10. Name and Address of New Reg	istered	Agent	
dre	ss (P.O. Box Number is Not Acceptab	te)		

FILED

Aug 28 1997 8:00am

Secretary of State

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

Country

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Name

Street Ad

30

office or r agent. I a	e giste red agent, or both, in the State of Florida. Such change was aut im familiar with, and accept the obligations of, Section 607.0505, Flori	lhorized by the corr da Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F		required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWEY W. AARNHILL	1.2 NAME	,
STREET ADDRESS	DEWEY W. AARNHILL	1,3 STREET ADDRESS	
CITY-ST-ZIP	FAIRHORE, AL 3631	1.4 CITY-ST-ZiP	
TITLE	OELETE DELETE	2.1 TITLE	Change Addition
NAME	CHARACTE BARNHILL III N. INCLESIEE PAIRHORE, ALI 36172	2.2 NAME	
STREET ADDRESS	III N. INGLESIAE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAIRHORE, AN 3613	2. 4 CiTY+ST-ZiP	
TITLE	Vice President DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Ronald E. Mitchell	3.2 NAME	
STREET ADDRESS	707 Richmond Ln W	3.3 STREET ADDRESS	·
CITY-ST-ZIP	Keller. TX 76248	3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	· ·
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETÉ	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY OF THE		CACITY OF TID	

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 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 chapged, or on an attachment with an address.

CIGNATURE ASIGNAMINE CONTROL WILLIAM VICENTIAL SOCIETA

CR2E034 (4/97)