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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

Mailing Address

Sandra B. Morth

Secretary State
DIVISION OF CORPORATIONS

FILED

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # P96000036644 (8)

L.C.Y., INC.

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE:

CITY-S1-71

Principal Place of Business

3645 CHAPLAIN ROAD 3845 CHAPLAIN ROAD ST. CLOUD FL 34772 ST. CLOUD FL 34772-9534 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-33805 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 28 Added to Fees Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THORNTON, HARKLEY R ESQ. 200-SO, ORANGE AVENUE STE-2300 Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32802 NEW 83 ADDRESS 84 City ANDO agent I am fam lør SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 96/6) Change Addition DELETE TITLE 1.1 TITLE YATES, HENRY C JR. NAME 1.2 NAME 3645 CHAPLAIN ROAD 1.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL 34772 DIY-ST-7P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE YATES, LORETTA J NAME 2.2 NAME 3645 CHAPLAIN ROAD STREET ADDRESS 2.3 STREET ADDRESS ST. CLOUD FL 34772 CHIY-SI-20F 2 4 CITY-SY-7IP DELETE Change Addition THLE 3.1 TITLE NAME 3.2 NAME STHEET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-7P ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 1.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 7/P ☐ DELETE Change ☐ Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - ST - ZIF Change TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

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 eath; that I am an officer or director of the corperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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