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

PROFIT CORPORATION



Sandra B. Mortham

ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P96000051018 (5)

FILED May 07 1997 8:00am Secretary of State

LUCY V	HORNE ENTERPRISES, I	NC.			818: 8101 1011 81101 HAAI 1811 1816
Principal Plac	e of Business	Mailing Address			
11155 ROSELAND ROAD SEBASTIAN FL 32658		P.O. BOX 1157 SEBASTIAN FL 32978			
				3. Date Incorporated or Qualified 06/13/1996	3a. Date of Last Report
z. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 59 ~ 3421122.	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.			¢0.75
2		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
4	25		30		Yes No
.E	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	stered Agent
	RNE, LUCY V		81 Name		
	55 ROSELAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
SEB	Bastian FL 32958		83		
e ²			84 City		FL 85 Zip Code
ii. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the pition's board of directors. I hereby accep	
office or r age nt. I a	registered agent, of both, in the State im familiar with, and adoept the oblig	of Florida. Such change was a lations of, Section 607.0505, Flo	uthorized by the corporal ride Statules.	tion's board of directors. I hereby accep	the appointment as registered
SIGNATURE	<u>~</u> \}	IOINO	LUCY HO	RNE 4	- 29 97
<u> </u>	Signature, typed or printed name of registeral ap		Registered Agent signature requi		DATE
12. TILE	D OFFICERS AF	ND DIRECTORS DELETE	13. 1.1 TULE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
WHE .	HORNE, LUCY V		1.2 NAME		C ondrigo C Addition
STREET ADDRESS	11155 ROSELAND ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CiTY - ST - ZIP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME :: STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
MILE .		DELETE	4.1 TITLE		Change Addition
MME 🚡		—	4 2 NAME		Q ********************************
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
ITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-Z#P		Пределе	5.4 CITY-ST-7IP		Ohren Lane
TITLE		DELETE	6.1 TITLE		Change Addition
NAME PTDEET ADDOESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	L		6.4 CITY-ST-ZIP	d :- 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

I on nereby 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 peport 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.

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