

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

FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000066756 (3)

1. Corporation Name

LOWRY DESIGN & DEVELOPMENT, INC.



Principal Place of Business

14409 NO NEBRASKA AVENUE  
TAMPA FL 33613

Mailing Address

14409 NO NEBRASKA AVENUE  
TAMPA FL 33613-2226

3. Date Incorporated or Qualified

08/08/1996

3a. Date of Last Report

4. FEI Number

59-3397194

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 1004 Washington St

2a. Mailing Address

26 1004 Washington St

Suite, Apt. #, etc.

22 Holly wood

Suite, Apt. #, etc.

27 Holly wood

City & State

23 Holly wood Florida

City & State

28 Holly wood FL

Zip

24 33019

Country

25 USA

Zip

29 33019

Country

30 USA

9. Name and Address of Current Registered Agent

LOWRY, ROBERT P  
14409 NO NEBRASKA AVENUE  
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name

Lowry, Robert P.

82 Street Address (P.O. Box Number is Not Acceptable)

1004 Washington Street

83

84 City

Holly wood

FL

85 Zip Code

33019

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: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LOWRY, ROBERT P  
STREET ADDRESS 14409 NO NEBRASKA AVENUE  
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☒ DELETE

NAME LOWRY, ROBERT L  
STREET ADDRESS 14409 NO NEBRASKA AVENUE  
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition

1.2 NAME Lowry, Robert P.

1.3 STREET ADDRESS 1004 Washington St

1.4 CITY-ST-ZIP Holly wood FL 33019

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

(954) 920-7817

Date

Daytime Phone #

CR2E034 (9/96)