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

**FILED** Feb 13 1998 8:00am **PROFIT** H ORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000082216 (8) LORD MCELROY, INC. Mailing Address Principal Place of Business 2111 NW 11TH DRIVE 2111 NW 11TH DRIVE SUITE A SUITE A DO NOT WRITE IN THIS SPACE CHIEFLIND FL 32626 CHIEFLIND FL 32626 3. Date Incorporated or Qualified 10/04/1996 2. Principal Place of Business 2a. Mading Address 4. FEI Number Applied For 59-3404956 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LORD MCELROY, UNDA 2111 NW 11TH DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE A 83 CHIEFLIND FL 32626 84 City 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition \_\_ DELETE 1.1 TITLE Change TITLE LORD MCELROY, LINDA 1.2 NAME NAME 2111 NW 11TH DRIVE 1.3 STREET ADDRESS STREET ADDRESS CHIEFLND FL 32626 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE LORD MCELROY, LINDA 2.2 NAME NAME 2111 NW 11TH DRIVE 2.3 STREET ADDRESS STREET ADDRESS CHIEFLND FL 32626 2. 4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 32 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP Change Addition

□ DELETE

an attachment with an address.

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CHTY-ST-ZIP

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