SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998,

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 23 1998 8:00am^c **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000100046 (7) LOCKWOOD HOLDINGS, INC. Principal Place of Business Mailing Address 701 N. SHORE DRIVE 1111 3RD AVE. W. ANNA MARIA FL 34216 SUITE 150 DO NOT WRITE IN THIS SPACE **BRADENTON FL 34205** 3. Date Incorporated or Qualified 12/11/1996 4. FEI Number 2. Principal Place of Business Applied For ELIZABETH ST S. 59-3429098 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζŧρ 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. XYes No Country Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MEISSNER, GREGORY C ESQ. 1111 3RD AVE., W., SUITE 150 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City 85 Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) (2/38)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE DPTS DELETE Change Addition 3R2E034 LOCKWOOD, HARRY NAME 1.2 NAME 9 ELIZABETH ST. S. STREET ADDRESS 1.3 STREET ADDRESS **BRAMPTON ON L64-1P7** 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE LOCKWOOD, HARRY NAME 2.2 NAME 9 ELIZABETH ST. S. 2.3 STREET ADDRESS STREET ADDRESS L6Y 1 ₽ ∓ **BRAMPTON ON L64-1P7** CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-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 Block 12 or Block 13 if chapted or on any attachment will an address. OVYARRY GACKWOOD TULY 8,1998

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

☐ Change ☐ Addition