1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000073302

1. Corporation Name

LHL CORPORATION

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90003 023 \*\*\*300.00



Principal Flac	e of Business	Maiting Address				
1330 PALMETTO AVE. 1330 PALMETTO AVE.						
WINTER PARK	FL 32789	WINTER PARK FL 32789	WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					08/22/1997	
0 0-11- 15	No. of Decision	De Mailing Address			4. FEI Number Applied F	
· · · · ·	Place of Business	2a. Mailing Address			59-3477882 No: Appli	
21		Suite Apt # etc			\$8.75 Additio	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
22		City & State				
City & State		<b>├</b> ── '			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
23		Zip Country				<u>-</u>
Zip				y	8. This corporation owes the current year Intangible  Personal Property Tax.	-
24		25 29 30			Personal Property Tax. Light Yes Lino  10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	: Registered Agent	- 8	Name	10. Name and Address of New Registeria Agent	
ദവ	OWIN, LARRY		"	Name		
	) PALMETTO AVE.		82	Street A	Address (P.O. Box Number is Not Acceptable)	
	TER PARK FL 32789		83	1		
			84	City	■ 85 Zip Code	
					<b>FL</b> _    '	
office or	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth	norized by	the corpo	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registere	d
	Signature, typed or printed name of registered age		egistered Ag	nt signature re	required when reinstating) DATE	
12.	<del>,                                     </del>	II) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	D	☐ DELETE	1.1 TITLE	į	Change	Addition
NAME	GODWIN, LARRY		1.2 NAME			ĺ
STREET ADDRESS			1.3 STREE	TADDRESS		- [
CITY-ST-ZIP	WINTER PARK FL 32789		14 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Addition
NAME			2.2 NAME	1		ĺ
STREET ADDRESS			23 STRE			- {
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ A	Addition
NAME	}		32 NAME	1		1
STREET ADDRESS	RE 3S		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	34.0		34. CITY-	ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ /	Addition
NAME			4. 2 NAME	.		
STREET ADDRESS			4 3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-	_ }		}
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ /	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		\
CITY-ST-ZIP			5.4 CITY-	ľ		
TITLE	<del>                                     </del>	☐ DELETE	6.1 TITLE		☐ Change ☐ A	Addition
			6.2 NAME	)		
NAME				T ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP			64 CITY	51-ZIP	<u> </u>	

14. I hereby certify that the information supplied with this filling 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 reports 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 trusted 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 wilk an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR