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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90036 039 ***150.00

DOCUMENT # P97000105236

LU-BOB, INC.

Principal Place of Business

Mailing Address



85

Zip Code

	14827 TENTH STREET POST OFFICE BOX 65 DADE CITY FL 33525 DADE CITY FL 33526			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
2.	Principal Place of Business	2a. Mailing Address		12/15/1997 4. FEI Number	Applied For			
21		26		59-3484807	Not Applicable			
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Zip Country	Zip Cou 29 30	intry	This corporation owes the current year Int Personal Property Tax.	angible ⊠Yes □No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
RICHARDS, LUTHER L 14827 TENTH STREET			81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
			83		•			

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

City

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1			10 1 8 K 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.0	\$ 10 Sept. 1	DIRECTOR	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	RICHARDS, LUTHER L	•	1.2 NAME				
STREET ADDRESS	14827 TENTH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	DADE CITY FL 33525	<u> </u>	1.4 CITY-ST-ZIP				
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	TUCKER, ROBERT A		2.2 NAME				
STREET ADDRESS	14827 TENTH STREET		2.3 STREET ADDRESS				
.CITY-ST-ZIP.	_DADE CITY FL:33525_ =	<u> بسري دو مستود چ مرد را د</u>	2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREET ADDRESS			•	1
CITY-ST-ZIP			3.4, CITY-ST-ZIP				
TITLE	***	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				}
STREET ADDRESS	·		5.3 STREET ADDRESS	•			Ì
CITY-ST-ZIP		•	5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				ł
STREET ADDRESS			6.3 STREET ADDRESS				1
CITY-ST-ZIP			6.4 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 Etpapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other time empowered.

SIGNATURE: LWHER LINBIG HAR DESCRIBE OF SIGNING OFFICER OR DIRECTORY

1-5-47 052)562636 Daytime Phone #

____CR2E034_(11/9