

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90255 039 \*\*\*150.00

DOCUMENT # P98000002418

1. Corporation Name  
M.C. LOCHMAIER INC.



Principal Place of Business  
9105 S. HWY A1A  
SO.MELBOURNE BEACH FL 32951

Mailing Address  
9105 S. HWY A1A  
SO.MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 328 BEVERLY CT.  
22 Suite, Apt. #, etc.  
23 City & State SO. MELBOURNE BEACH, FL  
24 Zip 32951 25 Country BREVARD  
26 328 BEVERLY CT.  
27 Suite, Apt. #, etc.  
28 City & State SO. MELBOURNE BEACH, FL  
29 Zip 32951 30 Country BREVARD

3. Date Incorporated or Qualified  
01/01/1998  
4. FEI Number 59-3486015  
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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOCHMAIER, MERRILL  
9105 S. HWY A1A  
SO.MELBOURNE BEACH FL 32951

10. Name and Address of New Registered Agent

81 Name MERRILL LOCHMAIER  
82 Street Address (P.O. Box Number is Not Acceptable) 328 BEVERLY COURT  
83  
84 City SO. MELBOURNE BEACH, FL 85 Zip Code 32951

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOCHMAIER, MERRILL	
STREET ADDRESS	9105 S. HWY A1A	
CITY-ST-ZIP	SO.MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MERRILL LOCHMAIER
1.3 STREET ADDRESS	328 BEVERLY COURT
1.4 CITY-ST-ZIP	SO. MELBOURNE BEACH, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Chapter 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-99 561 281

954 330-0090

CR2E034 (11/98)

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