

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90149 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000066536

1. Corporation Name
LHB INDUSTRIES, INC.

Principal Place of Business
**5883 HURST HAMMOCK ROAD
PENSACOLA FL 32526**

Mailing Address
**5883 HURST HAMMOCK ROAD
PENSACOLA FL 32526**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1998

4. FEI Number **59-3524186** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **9214 Waring Rd.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **9214 Waring Rd.**
Suite, Apt. #, etc.

23 **Pensacola FL**
City & State
24 **32534** 25 **USA**
Zip Country

28 **Pensacola FL**
City & State
29 **32534** 30 **USA**
Zip Country

9. Name and Address of Current Registered Agent

**LEE, KENNETH L
5883 HURST HAMMOCK ROAD
PENSACOLA FL 32526**

10. Name and Address of New Registered Agent

81 Name **William D. Holzinger**
82 Street Address (P.O. Box Number is Not Acceptable)
513 Nekole DR.
83
84 City **Milton** 85 Zip Code **FL 32570**

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 **William D. Holzinger** **V.P.** **2-10-99**
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	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President	Kenneth L. Lee	5883 Hursthammock Rd. Pensacola FL 32526
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V.P. / T	William D. Holzinger	513 Nekole DR. Milton FL 32570
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S	Robert F Ball	1221 Oak Bend Trail Cantonment, FL 32533
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: **William D. Holzinger** **2-10-99** **850-476-4380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)