

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 22, 2000 8:00 am
Secretary of State

04-12-2000 90075 023 ***150.00

DOCUMENT # P99000008076

1. Entity Name

L S & G INVESTMENTS, INC.

Principal Place of Business

9148 SAN JOSE BLVD.
JACKSONVILLE FL 32257
5344 OTEGA BLVD
JACKSONVILLE, FL 32210

Mailing Address

9148 SAN JOSE BLVD.
JACKSONVILLE FL 32257-1088
11250 OLD ST. AUGUSTINE RD.
SUITE 15-332
JACKSONVILLE, FL 32257

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-355-3280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

ALLEN, GLENN K
353 E. FORSYTH ST.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: ~~SECRETARY~~
NAME: LEDFORD, K.G.
STREET ADDRESS: 9148 SAN JOSE BLVD.
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE: ~~President~~
NAME: STOWELL, J.C.
STREET ADDRESS: 9148 SAN JOSE BLVD.
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE: ~~Director~~
NAME: SCHAGE, GUSTAV F
STREET ADDRESS: 9148 SAN JOSE BLVD.
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE: ~~Director~~
NAME: THOMAS, ROBERT, W.
STREET ADDRESS:
CITY-ST-ZIP:
Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS: 11250 OLD ST. AUGUSTINE RD SUITE 15-332
CITY-ST-ZIP: JACKSONVILLE FL. 32257

TITLE:
NAME:
STREET ADDRESS: 11250 OLD ST. AUGUSTINE RD
CITY-ST-ZIP: JACKSONVILLE, FL. 32257

TITLE:
NAME:
STREET ADDRESS: 11250 OLD ST AUGUSTINE RD SUITE 15-332
CITY-ST-ZIP: JACKSONVILLE, FL. 32257

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Delete

13. 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 report or supplemental 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 11 or Block 12 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 #

3-2800 904-268-3883