

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S45227** (3)

1. Corporation Name

LB INVESTORS, INC.



Principal Place of Business

Mailing Address

~~P O BOX 57385~~
~~JACKSONVILLE FL 32241~~

~~P O BOX 57385~~
~~JACKSONVILLE FL 32241~~

2. Principal Place of Business

2a. Mailing Address

21 **2246 Tivoli Lane**

26 **2246 Tivoli Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Jacksonville FL**

28 **Jacksonville FL**

Zip

Country

Zip

Country

24 **32259**

25 **St. Johns**

29 **32259**

30 **St. Johns**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/15/1991

3a. Date of Last Report
04/04/1995

4. FEI Number

59-3066315

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

HIEB, E. ALLEN, JR.
1300 GULF LIFE DR.
SUITE 800
JACKSONVILLE FL

81 Name **Diedrich L. Lampe**

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

2246 Tivoli Lane

83

84 City **Jacksonville**

FL

85 Zip Code **32259**

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 *x Diedrich L. Lampe*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

TITLE **DST** ☒ DELETE
NAME **BRADDOCK, DONALD L.**
STREET ADDRESS **2500 LYNNHAVEN TERR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE
NAME **LAMPE, DIEDRICH L.**
STREET ADDRESS **2246 TIVOLI LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change: ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change: ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change: ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change: ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *x Diedrich L. Lampe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 **904-287-1014**
Date Daytime Phone #

CR2E034 (12/95)