

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mueller
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # S58367

(1)

95 MAY - 1 11:16

S. LUCAS, INC.

SECRET
TALLAHASSEE, FLORIDA

Principal Office Location
314 TIMBERCOVE CIR
LONGWOOD FL 32779

Principal Office Location
314 TIMBERCOVE CIR
LONGWOOD FL 32779

DATE OF FILING: 05/01/1994

2. Principal Office Location

21 214 Timbercove Cir.

22 City & State

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26. Principal Office Location

26 214 Timbercove Cir.

27 City & State

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3. Date incorporated or first report
05/30/1991

3a. Date of Last Report
05/01/1994

4. FIC Number
65-0263778

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 is not subject to the provisions of Chapter 19, Florida Statutes, regarding the filing of financial statements.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCAS, STEVENS W
ONE S.E. FIRST AVENUE
LONGWOOD FL 32779

01 Name

02 Street Address, if P.O. Box Number is Not Applicable

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of the laws of the State of Florida, Chapter 19, Florida Statutes, this officer, having been duly qualified, hereby certifies that the information furnished in this report is true and correct, and that the corporation is in compliance with the provisions of Chapter 19, Florida Statutes.

12. OFFICERS AND DIRECTORS
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

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1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. FIC NUMBER	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. FIC NUMBER
5. NAME 6. STREET ADDRESS 7. CITY & STATE 8. FIC NUMBER	5. NAME 6. STREET ADDRESS 7. CITY & STATE 8. FIC NUMBER
9. NAME 10. STREET ADDRESS 11. CITY & STATE 12. FIC NUMBER	9. NAME 10. STREET ADDRESS 11. CITY & STATE 12. FIC NUMBER
13. NAME 14. STREET ADDRESS 15. CITY & STATE 16. FIC NUMBER	13. NAME 14. STREET ADDRESS 15. CITY & STATE 16. FIC NUMBER
17. NAME 18. STREET ADDRESS 19. CITY & STATE 20. FIC NUMBER	17. NAME 18. STREET ADDRESS 19. CITY & STATE 20. FIC NUMBER
21. NAME 22. STREET ADDRESS 23. CITY & STATE 24. FIC NUMBER	21. NAME 22. STREET ADDRESS 23. CITY & STATE 24. FIC NUMBER
25. NAME 26. STREET ADDRESS 27. CITY & STATE 28. FIC NUMBER	25. NAME 26. STREET ADDRESS 27. CITY & STATE 28. FIC NUMBER
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93. NAME 94. STREET ADDRESS 95. CITY & STATE 96. FIC NUMBER	93. NAME 94. STREET ADDRESS 95. CITY & STATE 96. FIC NUMBER
97. NAME 98. STREET ADDRESS 99. CITY & STATE 100. FIC NUMBER	97. NAME 98. STREET ADDRESS 99. CITY & STATE 100. FIC NUMBER

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 19.01, 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 the individual certifies that I am an officer or director of the corporation or the removal or freedom empowered to manage this report as required by Chapter 19, Florida Statutes, and that my signature appears on the report or the removal or freedom empowered to manage this report as required by Chapter 19, Florida Statutes.

SIGNATURE:

Signature and Printed Name of Signing Officer or Director
Steven W. Lucas

4/30/95

407-682-7283