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CORPORATION ANNUAL REPORT

1998



S64630

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LORDSHIP ENTERPRISES, INC.

(4)

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address C/O FRANK W PEPE JR C/O FRANK W PEPE JR 7136 A1A SOUTH 464 PARK BLVD. DO NOT WRITE IN THIS SPACE STRATFORD CT 06497 ST AUGUSTINE FL 32084 3. Date incorporated or Qualified 07/08/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3073051 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State **\$5.00** May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Ζip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes ☐ No 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PEPE, JR F W 7136 A1A SOUTH Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32084 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE NAME PEPE, JR F W 1.2 NAME **CR2E034** 7136 A1A SOUTH 1.3 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP ___ DELETE Change Addition SDV 2.1 TITLE PEPE, SOPHIE K. 2.2 NAME NAME 464 PARK BLVD. 2.3 STREET ADDRESS STREET ADDRESS STRATFORD CT 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE BRITT, WILLIAM J. 3.2 NAME NAME 10 COLD SPRING RD. 3.3 STREET ADDRESS STREET ADDRESS EASTON CT CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition ■ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP ___ DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP In this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 iver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

14. I hereby certify that the information supplied indicated on this annual report or supplemental officer or director of the corporation spatie the Block 12 or Block 13 if changed, own as attached. procedure or trustee empowered to

SIGNATURE:

904-471-8239