

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 589720

1. Corporation Name
Lula Enterprises, Inc.
589720 (A)

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 833 N. Massachusetts
State, Apt. #, etc.

22 City & State
23 Lakeland, FL

24 Zip 33801 Country USA

2a. Mailing Address

26 833 N. Massachusetts
State, Apt. #, etc.

27 City & State
28 Lakeland, FL

29 Zip 33801 Country USA

3. Date Incorporated or Qualified

10/25/91

4. FEI Number

59-3091712

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KEITH, W C
L.G.S. ACCOUNTING
1517 COMMERCIAL PARK DRIVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME P
Dixon, Willie J.
STREET ADDRESS 730 W. Memorial Ave
CITY, ST, ZIP Lakeland, FL 33801

12.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

21.1 TITLE ☐ Change ☐ Addition

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY, ST, ZIP

22.1 TITLE ☐ Change ☐ Addition

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY, ST, ZIP

31.1 TITLE ☐ Change ☐ Addition

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY, ST, ZIP

41.1 TITLE ☐ Change ☐ Addition

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY, ST, ZIP

51.1 TITLE ☐ Change ☐ Addition

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY, ST, ZIP

61.1 TITLE ☐ Change ☐ Addition

61.2 NAME

61.3 STREET ADDRESS

61.4 CITY, ST, ZIP

500002524705

05/15/98 01008 013

***150.00

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.

SIGNATURE:

Willie J. Dixon

4/30/98

CR2E034 (10/97)