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

PROFIT
CORPORATION
ANNUAL REPORT
1999

LHS, INC.

Place of Business

OCUMENT # V41540



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90181 008 \*\*\*150.00

## Mailing Address

	ATTO AT ATTENHED X	**************************************				
CO DEACH	20100	THE DEPOSIT OF THE		DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed		
	,			06/05/1992		
Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
919 Grandville Road 26 919 Grandvi			ville Road	59-3126381	No	t Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27		<u> </u>	5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & Stat	·	City & State		6. Election Campaign Financing	\$5.00	May Re
•	k, Ohio	Newark, O	hio	Trust Fund Contribution Added to		
Zip	Country	Zip	Country	8. This corporation owes the current ye		
43055		43055	30 USA	Personal Property Tax.		□No
43033	9. Name and Address of Currer		1301 USA	10. Name and Address of New Regis	tered Agent	
	s, Name and Address of Control	it registered Agent	81 Name			
TUHI	NEON, ROMALD N		PULI	GNANO NICHOLAS V., JR.		
	S. CENTRAL AVE.			ddress (P.O. Box Number is Not Acceptable)		
	ER BEACH FL 32136			Riverplace Blvd.		
PLUE	EN BENUT FL 32130		83  Suit	e 800		
	/		84 City		85 Zip (	Code
			Jack	sonville	<b>FL</b>   32	2207
Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stati	ites, the above-named o	orporation submits this statement for the purp	ose of changing its	registered
office or n	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpor	ration's board of directors. I hereby accept the	appointment as reg	gistered
ayem. ra	The street of th	On ALL	orida otatatos.		1-28-	99
<u></u>	Signature, typed or printed name of registered age	nt Induitie if applicable. (NO	TĒ Registered Agent signature re-	quired when reinstating)	ATE	
		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
	PSTD	<b>▼</b> DELETE	11 TITLE		☐ Change	☐ Addition
	HELM CHABLES M		1.2 NAME			
	··		1,3 STREET ADDRESS			
HADDRESS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ST-ZIP	FLACER BEACH FL	☐ DELETE	2.1 TITLE	PSTD	Change	Addition
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	LI MAGNICAL CADMIVALS		2.2 NAME			
	LOGSDON, CAROLYN L			Logsdon, Carolyn L.		
1 AUDRESS			2.3 STREET ADDRESS	919 Grandville Road		
1 AURUNUSIS ST-ZIP						T a date.
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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 informatindicated 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 (740) 344-443.

CR2E034 (1