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Jun 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V55673 (0)  
1. Corporation Name  
LSI HOLDINGS, INC.



Principal Place of Business  
237 S WESTMONTE DR  
SUITE 140  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address  
237 S. WESTMONTE DR  
SUITE 140  
ALTAMONTE SPRINGS FL 32714-4263  
US

3. Date Incorporated or Qualified 08/06/1992  
3a. Date of Last Report 05/30/1996  
4. FEI Number 62-1437188  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 26 27 28 29 30

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

BELLEVILLE, ESQUIRE  
815 ORIENTA AVENUE  
SUITE 6  
ALTAMONTE SPRGS FL 32714

10. Name and Address of New Registered Agent

81 Name Hodge, Floyd L.  
82 Street Address (P.O. Box Number is Not Acceptable) 237 S. Westmonte Drive  
83 Suite 140  
84 City Altamonte Springs, FL 85 Zip Code 32714

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]* 5-28-97  
Signature, typed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	REEGER, PHIL	
STREET ADDRESS	237 S. WESTMONTE DRIVE, SUITE 140	
CITY - ST - ZIP	ALTAMONTE SPRGS FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	STAPLES, JAMES T.	
STREET ADDRESS	237 S. WESTMONTE DRIVE, SUITE 140	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DENMEAD, LINDA	
STREET ADDRESS	237 S. WESTMONTE DRIVE, SUITE 140	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIDDLE, LONDON	
STREET ADDRESS	237 S. WESTMONTE DRIVE, SUITE 140	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKEEHAN, BURR	
STREET ADDRESS	237 S. WESTMONTE DRIVE, SUITE 140	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPST Denmead, Linda
3.3 STREET ADDRESS	237 S. Westmonte Drive, Suite 140
3.4 CITY - ST - ZIP	Altamonte Springs, FL 32714
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *[Signature]* 6/5/97 4/30/97 4/30/97 4/30/97

CR2E034 (9/96)