FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 PM 2:09

DOCUMENT # **V72160** **(7)**

1. Corporation Name
LIRIOPE, INC.

Principal Place of Business	Mailing Address
CORNER OF UNION AVENUE NO & HIGHWAY 17 CRESCENT CITY FL 32112	CORNER OF UNION AVENUE NO & HIGHWAY 17 CRESCENT CITY FL 32112

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1992
3a. Date of Last Report: 08/10/1994

4. FEI Number: 59-3149830 ☐ 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	2a. Mailing Address
21 Corner of Union Ave	26 RR 1 Box 145-E
Suite, Apt. #, etc. 22 Hwy 17	Suite, Apt. #, etc. 27 —
City & State 23 Crescent City FL	City & State 28 Crescent City, FL
Zip 24 32112 Country 25 U.S.	Zip 29 32112 Country 30 US

9. Name and Address of Current Registered Agent

DICKENSON, GREGORY B.
140 INTRACOASTAL POINTE DRIVE
SUITE 401
JUPITER FL 33477

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, MILTON H.	1.2 NAME		
STREET ADDRESS	4120 MANGO BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	NONE	☒ Change ☐ Addition
NAME	FLETCHER, WARREN D.	2.2 NAME	NONE	
STREET ADDRESS	P O BOX 608	2.3 STREET ADDRESS	—	
CITY-ST-ZIP	CRESCENT CITY FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	DEAL, WILLIAM F.	3.2 NAME		
STREET ADDRESS	UNION AVENUE NORTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	DEAL, KARIE STAR	4.2 NAME	Karie Star Deal	
STREET ADDRESS	R. R. 1 BOX, 145-E, HWY 17 CORNER UNION AV	4.3 STREET ADDRESS	Same ←	
CITY-ST-ZIP	CRESCENT CITY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 1-31-95 GV-618-2172
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0402756 FP