

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 11 1998 8:00am³
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 700905 (3)

1. Corporation Name
 [REDACTED]
 Downtown Lakeland Partnership, Inc.

NC
 7-6-98



Principal Place of Business Mailing Address

P.O. BOX 3499 LAKELAND FL 33802 P.O. BOX 3499 LAKELAND FL 33802

3. Date Incorporated or Qualified
 05/02/1960

4. FEI Number
 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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

JAMESON, TERRY
 205 E ORANGE ST
 LAKELAND FL 33801

10. Name and Address of New Registered Agent

81. Name
 David D. Hallock, Jr.

82. Street Address (P.O. Box Number is Not Acceptable)
 One Lake Morton Drive

83.

84. City
 Lakeland, FL 85. Zip Code
 33801

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 8/3/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JAMESON, TERRY	
STREET ADDRESS	205 E ORANGE ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TUCKER, JANET	
STREET ADDRESS	4804 CLEVELAND HEIGHTS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MATHEWS, MICHAEL P	
STREET ADDRESS	3010 SKIPPER PLACE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ford Heacock	
1.3 STREET ADDRESS	222 E. Lemon Street	
1.4 CITY-ST-ZIP	Lakeland, FL 33801	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Bohanan	
2.3 STREET ADDRESS	509 S. Florida Avenue	
2.4 CITY-ST-ZIP	Lakeland, FL 33801	
3.1 TITLE	S/d	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marni Johnson	
3.3 STREET ADDRESS	321 N. Kentucky Avenue	
3.4 CITY-ST-ZIP	Lakeland, FL 33801	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ann Rye	
4.3 STREET ADDRESS	221 N. Kentucky Avenue	
4.4 CITY-ST-ZIP	Lakeland, FL 33801	
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	600002639135	
6.3 STREET ADDRESS	-09/14/98--01146--018	
6.4 CITY-ST-ZIP	***61.25	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] president DATE: 8/5/98 941-644-6854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)